ENDING PHYSICIAN:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	REG. N	10.	0	3	الودة	7	
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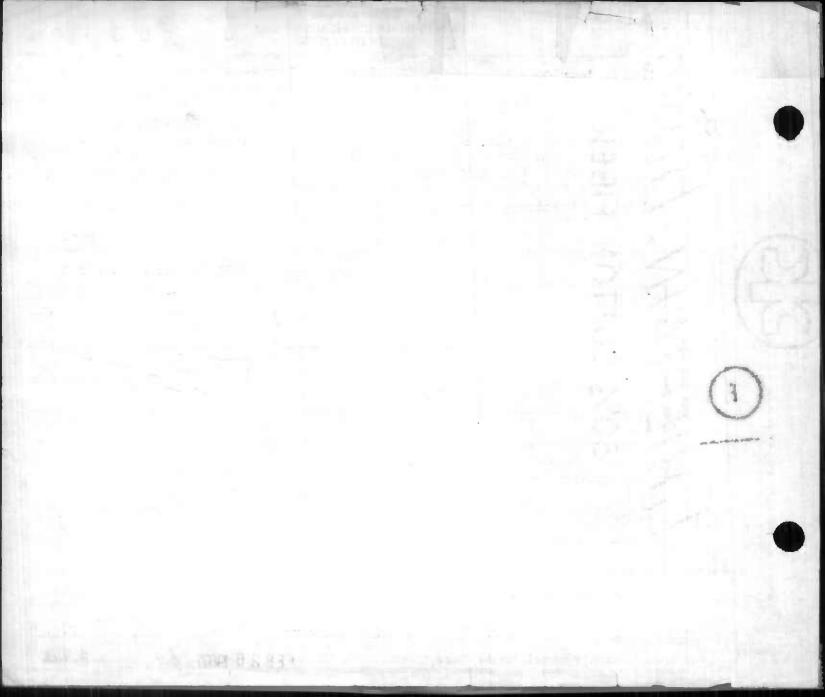
	EEV	ce	Abdallah	February 24,19	87 ///
	Female	4. RACE White	s. Date of Birth March 4, 1920	6. AGE (IN YEARS LAST BIRTMDAY) IF UND MONTHS	ER I YEAR IF UND
/ N	BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED XX WIDOWED DIVORCED	Baltimore County of D	-
00	Towson	11. NAME OF HOSPITAL, NURSING (IENOUNSUCH FACILITY GIVE STREET A 8015 YORK ROAD	DDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN	N KIND OF BUSH DUSTRY Marbury
130 M	Maryland Bal	TROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY TIMORE TOWSON	YES NOTE !	130 STREET ADDRESS 6 ZW CODE ad	21204
30 14	Habib	Abdallah		Thomas	Färhat
160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECURIVE WAR OR DATES) 246-16-28	39 Sophia Burk	BOX ITT ey -RD#1,Loretto, Pa	. 15940
CATION	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUED b)	NCE OF 2	MINAL DISEASE OR CONDITION GIVEN IN	E FINDINGS US
AL CERTIFICATION	OR CONTRIBUTING CAUSE OF OF		Y YEAR	YES NO NEET IN CERTIFYING YES RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OI	NO
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE ALL WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	19 21f. LOCATION STREET	CITY OR TOWN	DUNTY
		oital) attended the deceased from 19 18 2 19 18 2 19 18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DEGREE ATTENDING PHYSICIAN 120-ADDRESS	MEDICAL STAFF	from the couses s 2c DATE SIGNED
	1220 PHISICIAN SNAME (TYPE				
1	Carl Friedm		AME OF CEMETERY OR CREMATORY	rth Drive, Towson, M	Md. 2120

DHMH - 16 60M 7/B4

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(VRA 15, 4)

FOR STATE REGISTRAR



completely filled in by the funeral director, page a pond 2 should be filed within 72 bours ofter death

61	TATE	OF	AR A	DVI	AMI
- 2	IMIL	UT	me	UR I I	ATT

8	REG. NO.	0	3	3 m	1	3
ATE OF DE	ATH MO	NTH DA	Y Y	EAR :	h HOUR	

10 (FOR STATE REGISTRAR	DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG NO 0 3 5 / 9					
	CEASED NAME FIRST KEVII	v Dee	Adaer	20 DATE OF DEATH MONTH	21-87 1545			
3. SE)	M	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER LYFAR IF UNDER 24 HRS			
Pa BII	RTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore	U.S.A,	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Baltimore CITY OR COUNT				
	Ballimore	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OF			
13a. S	Md.		INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD 2404 Garriso	n Blvd.			
1	ATHER'S NAME FIRST Foster Father	MIDDLE LAST	15. MOTHER'S MAIDEN N.	MIDDLE	LAST			
16a V	VAS DECEASED EVER IN U.S. A		URITY NO. 17. INFORMANT	son, 2404 Gari				
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line to 101, 101, or	PIRATORY ALL	-~ 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Z	underlying couse lost. PART 2 OTHER SIGNIFICANT	10	DEATH BUT NOT RELATED TO THE LER	////	IVEN IN PART TIO			
IFICATIO	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
CAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMINE)	216. TIME OF INJURY HOUR A.M. MONTH D	H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YI	YES NO			
MEDICAL CERTIFICATIO	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH D	H OPERATION WAS PERFORMED 216. HOW INJURY OCCUI 19 211. LOCATION	200 AUTOPSY? 206 IF YI IN CERT	YES NO			
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WEDICAL MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22a I certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (this not) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, pital) oftended the discepsed from n of) view the body ofter death.	DAY YEAR 19 211 LOCATION FARM, ETC.) 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF YI YES NO	PART I OR PART 2) COUNTY STATE COUNTY STATE THE DATE SCHOOL			

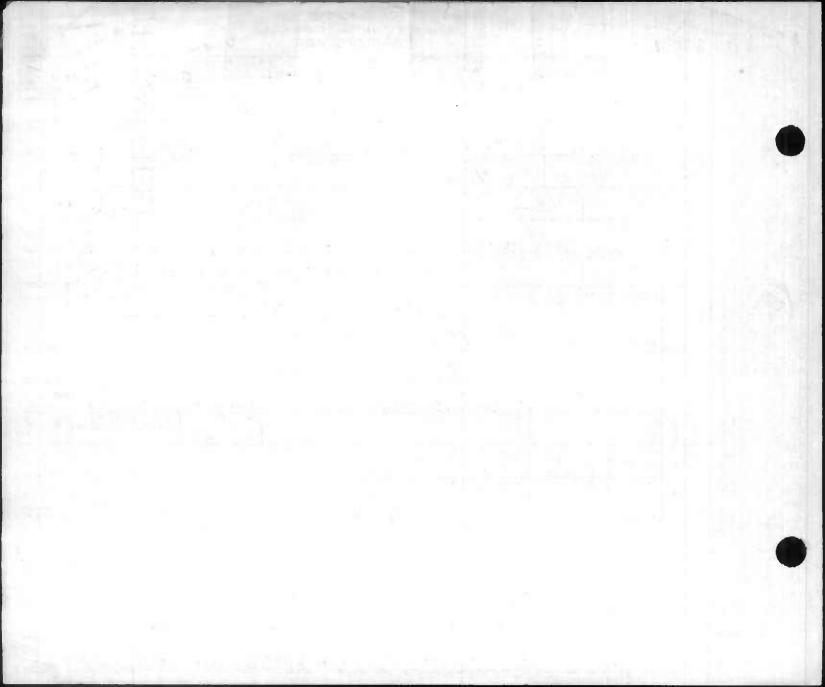
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.



•	r death. Page 4 may be	e uneral director, page 3
BALTIMORE, MARYLAND 21201	ate be executed within 24 hours off	spers. Pages Land 2 should be filed in by the spers. Pages Land 2 should be filed vol.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The low requires that the stain extrinction.	e hos been signed by the menting fly sit permit. Then please the country pagiene prior to burial, criminitations or
DIVISION OF VIT	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the most manufacture be executed within 24 hours office death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the interminal hysician and completely filled in by the juneral director, page 3 should be detached for use as the burial-transit permit. Then please more critical pages, and 2 should be filled without 2 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, criminals and it.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH CERTIFICATE		REG. NO	03580
1	I. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ı	(TYPE OR PRINT) Walte	er S.	Almon	0.57	January 31,	1987 4:00P.M
ł	3. SEX	I4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ı			MONTH	DAY YEAR	72 YR	MONTHS DAYS HOURS MIN.
	Male To BIRTHPLACE (STATE OR FOREIGN	White 7b. CITIZEN OF WHAT COUNTI		29,1914	9 BALTIMORE CITY OR COU	
	COUNTRY)		MARRIED & N	EVER MARRIED	_	
4	MD. CITY OR TOWN OF DEATH	U.S.A.	WIDOWED	DIVORCED [Baltimore (12b. KIND OF BUSINESS OR
1		(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS]	EK INSTITUTION	(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY Mfg
	Parkton	111 Mt. Car			Machine Op.	Wood Veneer
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL			SIDE CITY LIMITS?	13e STREET ADDRESS	
1	Maryland Ba.	ltimore Parkt	ton YES [□ NO ☑	111 Mt. Carr	mel Rd./21120
à.	PATHER'S NAME	HIDDIN HIDDIN	15. MO	THER'S MAIDEN NA	ME	LAST
q	Samuel		onv	Cather	Action and the second	Edie
1	16s. WAS DECEASED EVER IN U.S. A	RMED FORCES? THE SOCIAL SE		ORMANT	1000000	arkton, Md 21120
1	NO NO	4E WAR CH DATES! 218-0	5-9824 Mol	vina J.Alı		armel Rd.
ł	The same of the sa	7 1000 710	10.00	VIIII U.AII	iony, the en-	MINIST RELATERATE SUPERVAL MINISTER ON SET AND DEATH
1		enly one cause per line for 19, (b)	The must	in diel	1 inhanton	7 ACCOUNT AMOUNT
1	IMMEDIA	TE CAUSE (0)	er myse	ymny.	CAY MARKET V	
ı		DUE TO, OR AS A CONSE	QUENCE OF 1	to Va.	11:4	1000
1	Conditions, if any, which	(b)	pinne	us Inc	MML.	you.
1	cause its stoting the	DUE TO, OR AS A CONSE	QUENCE OF	/	15	4n
1	underlying cause last	(e)	100	man	meer	100
1		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERM	VINAL DISEASE OR CONDITION	GIVEN IN PART 110
4	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OBERATIONI WAS	BEREORISED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
4	DATE OF OPERATION	146 CONDITION FOR WH	ICH OPERATION WAS	PERFORMED		RTIFYING CAUSES OF DEATH?
	III				YES NO	YES NO
	00 000 000 000 000 000 000 000		DAY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF D OR CONTRIBUTING		19			
-	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, STR	(1)		,	/
4	220.1 certify that (1) Whis has	oital) attended the deceased fro	m_1/0/1	9 19 8	10 10/5	2 19 16, that (1) (we) lost
1	saw the deceased olive a	ot view the body offer death	9 86 and that	in (my) (our) apinion	death occurred an the date and	hour and from the causes stated
1	22b. SIGNATURE	by view the body offer death	/) DEGREE		,	221. DATE/SIGNED
1	7	hu. 1) // //	1 Am	ATTENDING	MEDICAL STAFF	2/6/97
	224 PHYSICIAN'S NAME LIVE	OR PRINT)	1220 A	DDRESS	DIRECTOR PHYSICIAN	1 10
/	mone	s IMPOINAN	Mn 16	91047	VIII March	t. 10117/11
Ц	Mirile -	ייון און יין	10	110 1 m	10 11/4 11/6)	In IVIII VIII
	23a BURIAL, CREMATION, REMOVA	L 23b. DATE 2	30 NAME OF CEMETER	RY OR CREMATORY	23d LOCATION CITYOR TOWN	COUNTY STATE
-	Burial	Feb 4 1987	Hereford Ba	aptist Cem	Hereford, Bal	ltimore, MD
	24 FUNERAL DIRECTOR	24 Secor	d Street	25a DA1	E REC'D, BY REGISTRAR 236, REC	SISTRAR'S SIGNATURE
	T T Hawtengtein	New Freedom	PA 1734	9 FEE	1 1981	

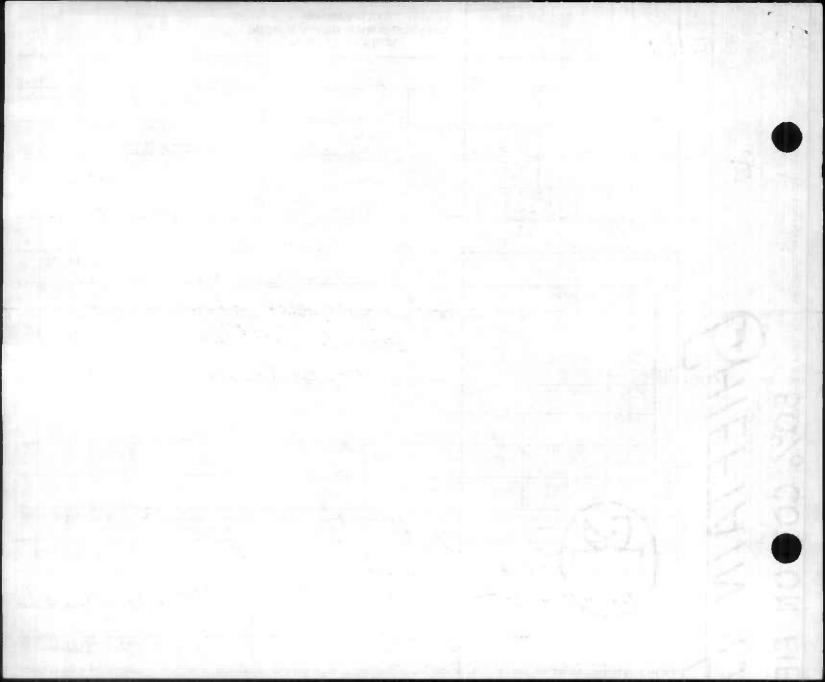
DHMH - 16 50M 4/82 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, at alth

J. Hartenstein,

New Freedom, PA

17349



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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FEB 1 3 1987

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Ali Tinkon Rendale

	REGISTRAR			CERTII	ICATE OF DE	ATH	0	REG. NO.		0	
FEB	1 DECEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF	DEATH M	ONTH DA	Y YEAR	26 HOUR
	3. SEX	Leveni	RACE	MONT	OF BIRTH H DAY	YEAR	Februa FAGE INVE	ARY LAST BIRTH	MO	UNDER I YEAR	8 DM IF UNDER 24 HRS HOURS MIN.
35	76. BIRTHPLACE (ST. COUNTRY) MD 10. CITY OR TOWN C		(IF NOT IN SUCH FACI	MARRIE	OR OTHER INSTIT	RCED 🗌	(TYPE OF WORK	CCUPATION FOR MOST OF W	ounty		MD. DF BUSINESS OR
35	USUAL RESIDENCE I 130 STATE MD	IF NURSING HOME OR COUNT	THER INSTITUTION, GIVE R	PESIDENCE BEFORE ADMISSION) CITY OR TOWN DGEMERE	13d. INSIDE CITY	10 🛭	130.STREET A			RD. 2	1219
100	GREENE		FAI	SON	VIOLA		/F	MIDDLE		BASSE	
medical	168 WAS DECEASED (YES, NO OR UNKNOW NO	EVER IN U.S. ARM	WAR OR DATES)	7206206	17 INFORMAN		AISON	ADDRESS		FARM	
any injury, or other train	Conditions, if gove rise to couse (o), underlying PART 2 OTHE 19a DATE OF C	simmediate stating the couse last.	DUE TO, OR AS	ENTRICULAR A CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATION				ase I	Ob IF YES, V	VERE FINDIN	
9	OR CONTRIBUTER	AS UNDERLYING COME CAUSE OF DEATH	21b. TIME OF INJ HOUR A.M.	URY MONTH DAY YEAR	21c HOW INJU	JRY OCCURR	150	NOV	YES		NO 🗌
owed or it	21d INJURY OF	CURRED	218. PLACE OF IN	IJURY ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET			CITY OR TOWN	1	COUNTY	STATE
sm 21 is mi	22a I certify th	Me) (ala) (ale (se))	ol) ottended the dec	1087 Februa	DEGREE	ur) opinion d	eoth occurred	ruary	9 ne hour o	87	that (we) lost couses stated
Z = 1	<	John	holm	y w	2 ATT	ENDING YSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIA	NA	2/	9(87
APORTAN	J. Sc	h lued	0 /		22e ADDRESS 9000	Frankl	in Squ	are Di	21, 21	237	
< /	23a BURIAL, CREMA' (SPECIFY) BURIAL 24 FUNERAL DIRECT		23b. DATE 2/13/87		MORE NAT	CEM	PALT REC'D. BY RE	IMORF		COUNTY M	State D URE

1101 E. NORTH AVE.

DHMH - 16 60M 7/84 (VRA 15, 4)

MARCH FUNERAL HOME

TO FUNERAL DIRECTOR should be detoched for with the Stote Dept. of Hi



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YLAND 2120	othin 24 fearers	The filled in B	Perfect the Control
TIMORE, MAI	1	and control	medical expens
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OF ATTEMBRIG PHYSICIAN. The law requires that the deepth centralised executed within 24 fears offer death retoined by the hospital or artending physician.	TO FUNERAL DRECTOR. After the certificate has been ugand by the attendance of each and computer, find in by the funeral should be detached for use at the buried franks permit. They please tendors confidence and and planted by find with the State Detached on who will be supplied to the find with the State Detached by the find of	IMPORTANT, if them 2.1 is marked or them 18 shows any sigury, or other troumable event, the medical examiners mesticing of disc
201 W. PRES	is that the dec	please remove prior cemons	, ar other map
AL RECORDS.	he law require	has been vgr t permit Then ene prior to by	ows any injury
SION OF VITA	TO HOSPITAL OF ATTENDING PHYSICIAN The Lucetoined by the hospital or affending physician	the certificate w bursol-transist of Mental Page	dor hem 18 ch
DIVI	ATTENDING ospital or an	ECTOR: After 1d for use on the os. of Health or	m 21 is marke
•	HOSPITAL OF	FUNERAL DIS	ORTANT
	To reto	oho short	IMP.

144264 FEB	FOR STATE		PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H 8 / REG. NO.	03582
3 24	DECEASED NAME FIRS (TYPE OR PRINT) Pauline	WIOOTE	Anderson	20 DATE OF DEATH MON	12 87 NATIONAL PROPERTY OF THE
form of the	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	
4 appe	Female	Black	9 6 10		YRS
1901	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRI	9 BALTIMORE CITY OR C	
11/47	Mackeys N.C.	USA	WIDOWED DIVORCE	Baltimore	
5 1 11 60	Baltimore	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY GIV 6900 Brightway		ON 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
1 11 15	13a STATE 13b C	ME OR OTHER INSTITUTION GIVE RESIDENCE OUNTY 13c CITY O	R TOWN 134. INSIDE CITY LIA		P CODE
4 5 5	Md.	- Bal	timore YES W NO		tway Pl. 21207
- TOTO	14 FATHER'S NAME		15 MOTHER'S MAIL	DEN NAME	II am a nati
1 1 1	160 WAS DECEASED EVER IN U.:	N/A	Adline Adline	ADDRESS	Hyman
IMOR		S. ARMED PORCES? 168 SOCIA	Marian H	6900 Bri	ghtway Place 21207
201 W. PRESTON ST., B. as that the death certification by the attendor (after present conference) or retroit.	Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause las	DUE TO, OR AS A CON h e DUE TO, OR AS A CON DUE TO, OR AS A CON (c)	SEQUENCE OF	aldonnial me	
NG PHYSCIAN. The Just requirantending physician. The Just requirant may be made at the burschington has been ego at the bursch riving however the mid Meetal Physician production and Meetal Physician production.	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN	Median	which operation was performed	20a AUTOPSY? 20	IB. IF YES, WERE FINDINGS USED NCERTIFYING CAUSES OF DEATH? YES NO NO
OF VIII.	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	DE DEATH HOUR A.M. MONT	H DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN	ITEM IB PART I ORPART 2)
VISION VISION Thendran The far the control whe but Med	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DI TEMBER TOR: At the core or of Health	220.1 certify that (I) (this saw the deceased ali	haspital) attended the deceased	_19 and that in (my) (our)	opinion death occurred on the date of	nd hour and fram the causes stated
AL DRES	276 SIGNATURE	n Hyott	DEGREE	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	2/13/57
TO HOSPITAL retoined by TO FUNERA should be di with the Stati IMPORTAN	127d PHYS CIAN'S NAME O	-	27e ADDRESS	volker Crow	e - 2120s
BP	230. BURIAL, CREMATION, REMO (SPECIFY) Burial	2/17/87	Beechwood Cem.		elle N.Y.
5,000	24 FUNERAL DIRECTOR			PEB 1 7 1987	



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		U	-	0
REG NO				

	1				STAT	E OF MARYLAND				
3085 FEE	15	FOR STATE REGISTRAR		DEPARTI	CERTIF	EALTH AND MENTAL HYC	GIENE 8 /		3 5	8
m 5		CEASED NAME FIRST		WIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
poge 3		Regir	na	E.		Ankeny		02 02	87	7:55
0. 0	3. SE	X	4 RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER : YEAR	IF UNDER 24 H
irs off		Female	White		June	29, 192 	65	YRS.	DATE	
\$ P 9 1		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
Se Proposition	Ma	ryland	U.S.	Α.	WIDOWE		Baltimore	County	,	
a series	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		26 KIND O	F BUSINESS
ا الله	To	owson				dical Center	Secretary		-	ical
E a a	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
and the			ltimore	Perry I		YES NO X	3 Cameron		Apt.	E 2123
のものもグラ	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA				
11111111		William	Henry	Jones		Mary	Elizal	oeth	Wils	son
		WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			
Pages Pages medico	(NO NO (IF YES, C	GIVE WAR OR DATES)	215-12-53	399	Raymond L.	Ankeny Same	as #13	3.	
hysicior popers. oval. ent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse ne					1		MATE INTERVAL
requires that the death complete by the attending please remotion, or an arrange of the traumotic or an arrange of the traumotic or an arrange of the traumotic or arrange.	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	DITION GIVEN		
1117	TIPIC						YES T NOT	IN CERTIFYIN	G CAUSES	OF DEATH?
1000	G. C.	210. ACCIDENT WAS UNDERLYING	21b. TIME O		. U UF A S	21c. HOW INJURY OCCUR				
1 1917		OR CONTRIBUTING CAUSE OF D	EATH.	.M. MONTH D.	AY YEAR					
A Marie	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE
1 1 1 1 1	Σ	AT WORK NOT WHILE	(AT HOME, SI	TREET, FACTORY, OFFICE, I	ARM, ETC)	SINCL	C111 OK 10			31711
1 3 2 1 2	1 :	22a.1 certify that (1) (this has	pital) attended t	he deceased from_	Januar	ry 5, 1987	Februa	ry 2, 198	37	that (It (we)
200		sow the deceased alive of obove, (I) (we) (did) (did)	Februar	Cy 2 19		nd that in (my) (aur) opinian	death accurred on the d	ate and hour an	d fram the	couses stated
		275 SIGNATURE	Indi view ine odd	y differ dediff.		DEGREE			22c DATE	SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I gorda	of no			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [1-05	
FUNERAL Ido be dett. The Stote ORTANT.	7	724 PHYSICIAN'S NAME ITTH	LOI MINT	-		22e ADDRESS				
PORT /		Ina Joubert,	M.D.			G.B.M.C.				
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	-	UNERAL DIRECTOR								
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STATE OF MARYLAND

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nay be page 3		GEOR	GE W.	7	ARNOLD, SR.	2	25 87 7:00P M
a po	3	. SEX	4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		MALE	WHITE	10	22 14	72	MONTHS DAYS HOURS MIN.
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Se orh	3/	MARYLAND	U.S.A.	WIDOWED		BALTIMORE	COUNTY
er d		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OF		12a. USUAL OCCUPATION	126 KIND OF BUSINESS OR
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BALTIMORE, MARYLAND 21201 sicion ond completely filled in by spers. Poge Tand 2 shoold be file eli	å/ F	18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), SED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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× 1. 500 0 1	Aug smo	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	WHICH OPERATION	WAS PERFORMED		D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
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TITEN Prito Prito for the	2 2	saw the deceased alive	on	_19_87, dno	that in my (our) opinion	death occurred on the date a	ind have and from the causes stated
OR A DIREC	Hea	226. SIGNATURE	11-00	D D	EGREE	/	2N DATE SIGNED
TAL O y the RAL D detoc fore D		alm C	Waleckerle	7	ATTENDING PHYSICIAN	MEDICAL STAFF	2/26/87
OSPIT red by UNER id be e	37	226 PHYSICIAN'S NAME (TYP	E OR PRINT		77e. ADDRESS		1
TO HOSPITAL (retained by the TO FUNERAL (should be detained by the think the Store (control of the think	2/1	Wm. Waterfie	ld		St. Agnes H	osp. Oncolog	y Dept.
5 5 5 3 3	2	3a. BURIAL, CREMATION, REMOVA		23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION	
BP		Burial	2/28/87	Meadowri	dge Mem. Pk.	Elkridge H	Howard Md.
DHMH - 16 60M 7		4 FUNERAL DIRECTOR		2		E REC'D. BY REGISTRAR 256	
(VRA 15, 4)		Hubbard Funeral	Home, Inc. 41			E82 7 987	wasterdon Bolise

FEB 27. 1987 January Process

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in () (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 23e BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OF TOWN 2-25-87 Burial Oak Lawn Baltimore, Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Duda-Ruck Funeral Home of Dundalk (VRA 15, 4) 7922 Wise Ave. Dundalk, MD 21222

STATE OF MARYLAND

2b_HOUR

126 KIND OF BUSINESS OR

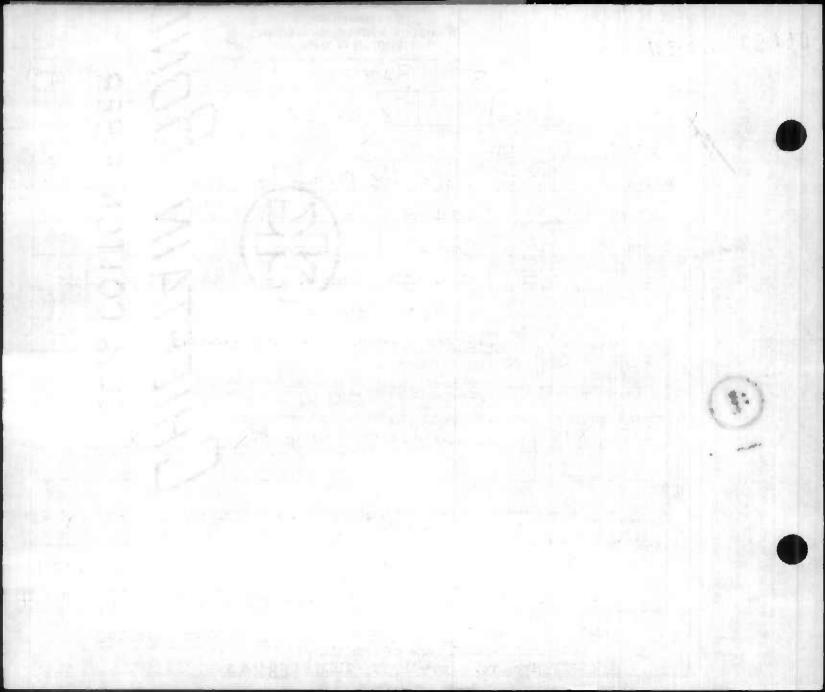
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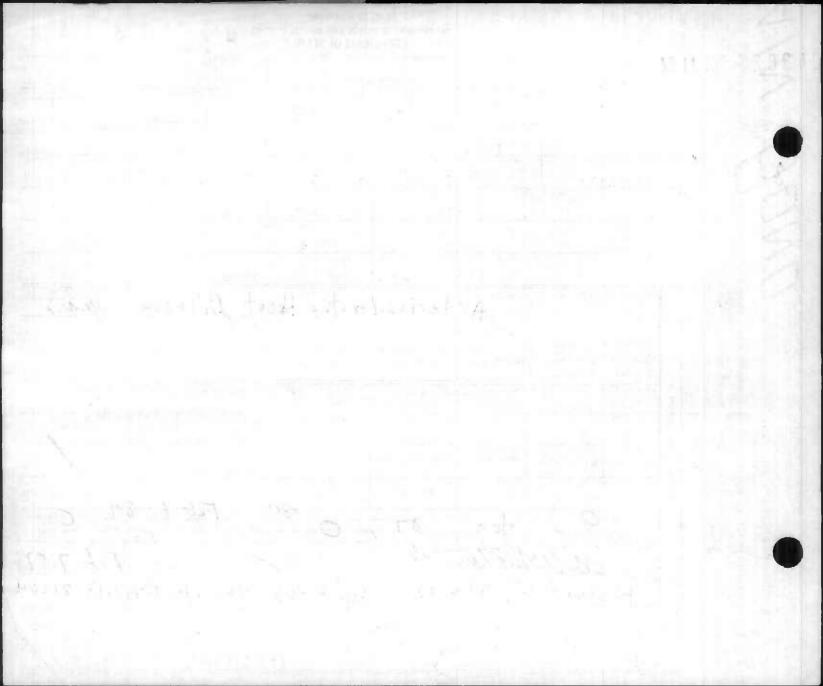
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR	DEPART		ICATE OF DEATH	HYGIENE 8	REG. NO.	0 3 5	8 /
11	1.00	CEASED NAME FIRST	WIDDLE		LAST	20. DATE C	OF DEATH MONTH	DAY YEAR	26 HOUR
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	3. SE		4 RACE	5. DATE O			YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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	(COUNTRY)		MARRIE	D NEVER MARRIED	7			
λ.	Mo	ITY OR TOWN OF DEATH	U.S.A.	WIDOWI			Balti	more Co	MD. OF BUSINESS OR
7	150		(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF WO	RK FOR MOST OF WORKIN	G LIFE) INDUSTRY	
_		Rossville	Franklin S		ospital	Hom	nemaker.	at he	ome
7	130. S	STATE 136. COUN			13d. INSIDE CITY LIMITS		ADDRESS / ZIP CO	ick Ave	. 21206
4	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN	NAME			
0		John	Stengle	2	Emma		WIDDLE	Sui	ter
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC		17 INFORMANT		ADDRESS		
		YES, NO OR UNKNOWN) (IF YES, GIV	ve war OR DATES) 218-22-	41732	Edna Ely	same	addres		IMATE INTERVAL ONSET AND DEATH
	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE O F	NOT RELATED TO THE T	TERMINAL DISEA:	JI SPOS		
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUT	OPSY? 206. IF IN CER	YES, WERE FINDIN RTIFYING CAUSES YES []	NGS USED OF DEATH?
5	ERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCC				NO []
g.		OR CONTRIBUTING CAUSE OF DEA				(6.116.11		.,	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	13					30	Feb 6	87	
		saw the deceased almost	ital) attended the deceased fram.	07	nd that in (my) (aur) apin	nian death accurr	rod on the date and	how and from the	that (I) (we) last
		abave (1) (ive) (did (idid na 22b. SIGNATUE)	view the bady after death.			indii dediii decorr	ed on me date and i		
		Gol	Allow	0	DEGREE ATTENDINI PHYSICIAI		STAFF	Feet.	-7.87
1		22d. PHYSICIAN'S NAME LIVEO	JR PRINTS Stones		541 +50	10 120	Sister 1.	? errelar	21204
	23p P	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATO				
1	- '	Burial	2-9-1987 E	Parkw	boc	Ba	ilt.	Balt.	Mã.
	24 FL	VERAL DIRECTO 3331 B	rehms Lane	Balto	, Md 250.	DATE REC'D. BY	REGISTRAR 256. REG		
	S	chimunek Fune	eral Home, to	c. 2	1213	FEB10	1987 / 1	in Kridson.	Pandally

DHMH - 16 60M 7/84 (VRA 15, 4)

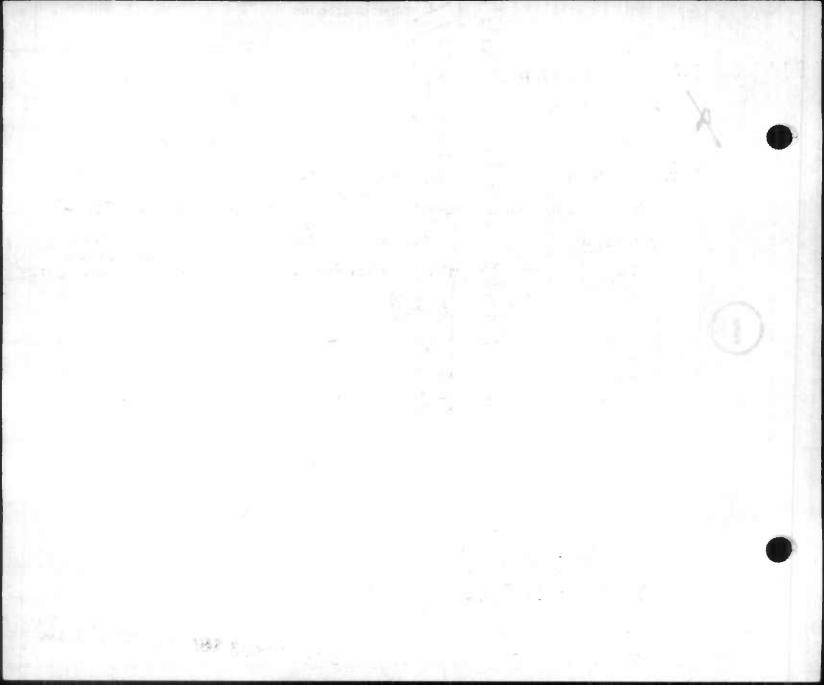
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR KNOWN TO 1. DECEASED NAME 20. DATE MONTH DIFECTOR.
OUR FILES. HTYPE OR PRINTI OF ESTI-DEATH MATED PLEASE DATE OF BIRTH 4. RACE 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 20. DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED MONTHS DEAD . BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY) lennessee WIDOWED TO DIVORCED vunt 2, AND 3 TO THE FL 3. RETAIN PAGE 5 2 SHOULD BE FILED AL RECORDS, 2019 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Retai 13a. STATE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS adisor 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME PAGES 1, 2 MIDDLE 1Chard GIVE PAGES IIIH FORM P PAGES I AN Annie 16b. SOCIAL SECURITY NO. 7. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES! -10-8981 Robt CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BURIAL OF HEALTH AND MI MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? CHIEF TO BURIAL YES 🗌 NO [E 3 SHOULD BE U WRITING THE 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR OR. MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 218 PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WATER STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWARD

TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE I
BALTIMORE, MARYLAND, 21201 22a I certify that I taak charge of the remains described above, held an Autonsy Inspection Inquiry and in my apinian Undetermined manner death resulted fram. Accident Hamicide Natural causes, TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER (TYPE OR PRINT) 23d. LOCATION 250. DATE REC **DHMH-17** (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND



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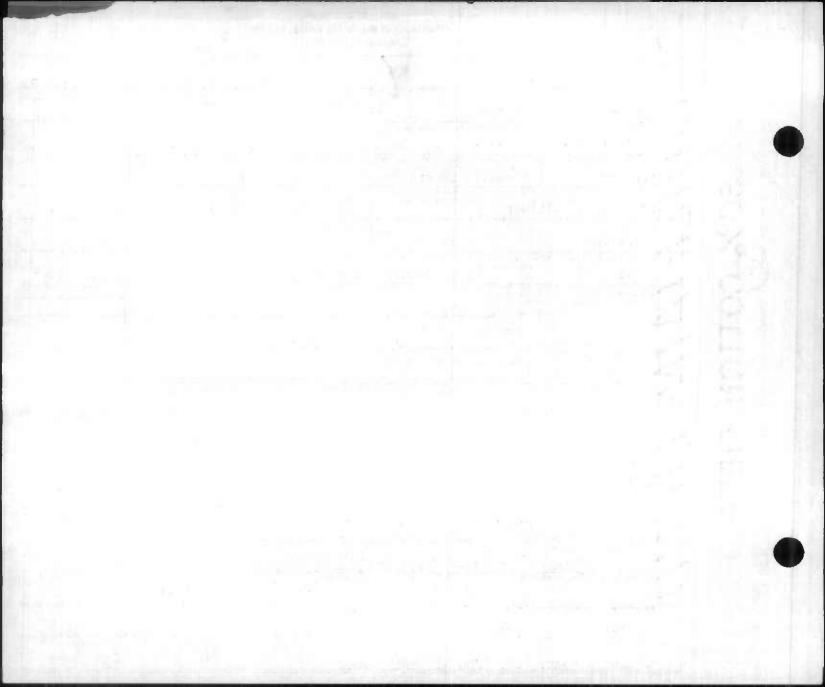
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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2	197	FOR STATE REGISTRAR		DEPARTN		EALTH AND N		IENE 8 /	0 3	587
		CEASED NAME FIRST	A			ONTH DAY YEAR	26 HOUR			
		Gene		BAS	SNIGH	Γ		February 19.	1987	7.30 PM
1	3. SE	× Female	4 RACE Black		5. DATE C		1916	6. AGE (IN YEARS LAST BIRTHO 70	MONTHS DAYS	
7		IRTHPLACE (STATE OR FOREIGN S.C.	76. CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED 🗆	9 BALTIMORE CITY OR C		MD
7		altimore	II. NAME OF H	OSPITAL, NURSIN HEACILITY GIVE STREET A IN Square	G HOME C	ROTHER INST	NOITUT	Baltimore (12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W CUSTODIA)	12b. KIND PORKING LIFE) INDUSTR	OF BUSINESS OR
3	illa S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU laryland Bal			ADMISSION	13d. INSIDE CI	Y LIMITS?	13. STREET ADDRESS / Z	ve. Balto	,Md21221
78	II. FA	William	MIDDIE	Kinney		is mother's			Malloy	AST
		WAS DECEASED EVER IN U.S. AI	MED FORCES?	166 SOCIAL SECU		17 INFORMAL		ADDRESS		
Н		no	VE WAR OR DAILES	219-03-3	3541 A	Geneva	Brown	1005 Walnut	Grove Rd.	21221
7	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST									DXIMATE INTERVAL N ONSET AND DEATH
100	100	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(bBI	R AS A CONSEQUE VENTRICUE R AS A CONSEQUE	AR H	EART FA	LLURE			
	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								10
2	CERTIFICATION	RENAL 190 DATE OF OPERATION	TION FOR WHICH	HICH OPERATION WAS PERFORMED			20a AUTOPSY? 2	10b. IF YES, WERE FIND N CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO	
7	-	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY IN	NITEM IS PART 1 OR PART 2)	
H	MEDICAL	214 INJURY OCCURRED	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATIO	Ν	CITY OR FOWN	COUNTY	STATE
1	-	NOT WHILE AT WORK	1 7					February 1	9 87	
			ebruary t) view the body	19 1987 Fe	ebrua	that in the	aur) apinion o	death occurred an the date	and haur and Irom th	i, that (we) last ie causes stated
	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF SHYSICIAN DIRECTOR PHYSICIAN								1 10	19-87
		Thomas Lampon		1		9000		in Square Dr.	, 21237	
	230 E	BURIAL CREMATION REMOVAL	238 DATE		IAME OF C	EMETERY OR C	REMATORY	23d LOCATION	COUNTY	STATE
		^{Ise} Burial	2-25-	87 3 t	. Ste	phens (hurch		Balto	Md.
		Im. C. Brown Comm	F.H. 1	206 W. No	orth /	Ave.	250 PE	B 2 5 1987	REGISTRAR'S SIGNA	ATURE - Landage.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPDRTANT: If Nem 21 is marked or Nem. 18 shows any injury, or other traumatic ex



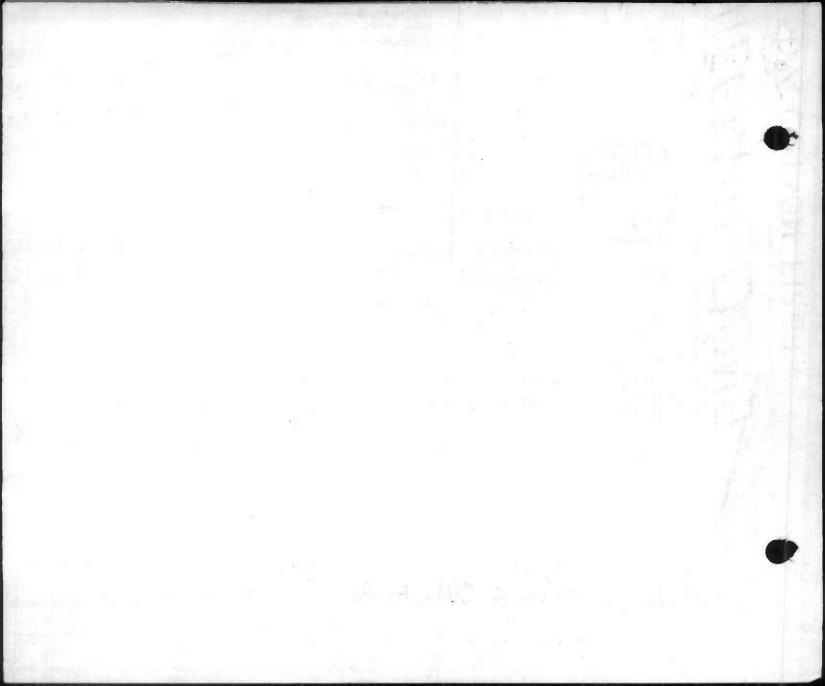
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 56 YRS 30 DEAD Male White To BIRTHPLACE (STATE OR 1. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY) NEVER MARRIED Pennsylvania United States WIDOWED DIVORCED XX Baltimore County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 5042 Kemp Road Roofer OR INDUSTRY Reisterstown -Employed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5042 Kemp Road Maryland Baltimore Reisterstown YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Bates Frances Desormeau 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Ms. Judith Marie Dorman (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3952 Elm Avenue 213-26-0116 Baltimore, Maryland 1947-1949 ves CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT AND MENTAL HY Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND ME lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATION E 3 SHOULD BE USED.

DEPARTMENT OF HE 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES __ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 2 CONTRIBUTING CAUSE OF DEATH CATE, WRITING FORWARDED TO 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER PEATH, WITH THE STATE DE BATTMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR FOWN 220 I certify that I took charge of the remains described above, held an and in my apinian death resulted fram. Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Decotty (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE Woodensburg Baltimore 2/9/87 Burial Mt. Gilead U.M. Cemetery BP 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Aulia Nivida

21133

Liberty Road Randalistown, MD.

DHMH - 17 (VR A15 ME (5)) 15M 2/80



		STATE OF MARYLAND					
FOR - STATE REGISTRAR		DE	PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT				
PECEASED NAME	FIRST	MIDDLE	LAST	2a DAT			

> ,.	0	7	100	- (3)	
1	U	0	5	1	
*					

	1 -	- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	D.		1		
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEA	R 2b. HOL	JR		
	7	ALFI	RED	BAUM	IANN	FEBRUAR	Y 9, 1987	6	AM		
	3. SEX				OF BIRTH	6 AGE (IN YEARS LAST BIRT					
	1	MALE	CAUCASIAN	"DE	C. 10, 1912	74		AYS HOURS	MIN.		
	a. Bl	a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUN		? 8	D XXNEVER MARRIED	9 BALTIMORE CITY OF		1			
8		GERMANY U.S.A.			ED DIVORCED	BALTIMO	ORE COUNTY		MD		
1	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	17g USUAL OCCUPATIO		D OF BUSIN	ESSOR		
ŀ		BALTIMORE	5 RANDALL AVE	. 2120	08			LIVEST	OCK		
	13a S	STATE 136 COU			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE AVE. 2120	Q.			
7	_	ATHER'S NAME			15 MOTHER'S MAIDEN NA		TOPE: ZIZO				
		NATHAN	BAUMA	NN	FIRST	WIDDLE	SP	EIAR			
		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST		17 INFORMANT	ADDRES					
		YES, NO OR UNKNOWN) (IF YES, G	2121	5-9105	A RUTH BAUM	IANN 5 RANDAI	LL AVE. 21	208			
		IS CAUSE OF DEATH (Enter of	anly ane cause per line for (6), (b), o	nd total	oc arri	1-10	BETW	ROXIMATE INTE	RVAL DEATH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)									
		DUE TO, OR AS A CONSEQUENCE OF 1 Colors Leon follows									
		Canditians, if any, which	((b) // J	RU.	1		0				
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
		underlying cause last.	(c)								
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE EDAINAL DISEASE OR CONDITION GIVEN IN PART 11g.									
5	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATIO	N WAS PERFORMED	20g AUTOPSY?	206 IF YES, WERE FIN				
	TIFIC					YES NO	IN CERTIFYING CAU	NO [
S	CER	210. ACCIDENT WAS UNDERLYING	110110 1 11 11011111 1	NAV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)			
	ZAL	OR CONTRIBUTING CAUSE OF DE	DAIN	19	100 %						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR FOW	WN COUNTY		STATE		
1	5	NOT WHILE AT WORK	(AL HOME STREET, PACTORY, OFFICE	PARM, EIC)	P	9	to				
		220-1 certify that (I) (this hosp	pital) attended the deceased fram	17	, 19) , to	19	, that (I) (we) last		
		saw the deceased alive a	in	0-0,0	nd that in (my) (our) apinion	death accurred on the do	te and have and fram	the causes st	ated		
	1	22b. SIGNATURE	- 4 X	20	DEGREE)		0	ATE SIGNED	(-)		
		19	7- 1	111	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 2	-4-0	1		
		THE PHYSICIAN S NAME THE	CHERRY		27e ADDRESS						
	0	DR. JOSE	APTER								
	23a. B	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF	EMETERY OR CREMATORY	23d. LOCATION	A COLLEGE V		TATE		

DHMH - 16 60M 7/114 (VRA 15, 4)

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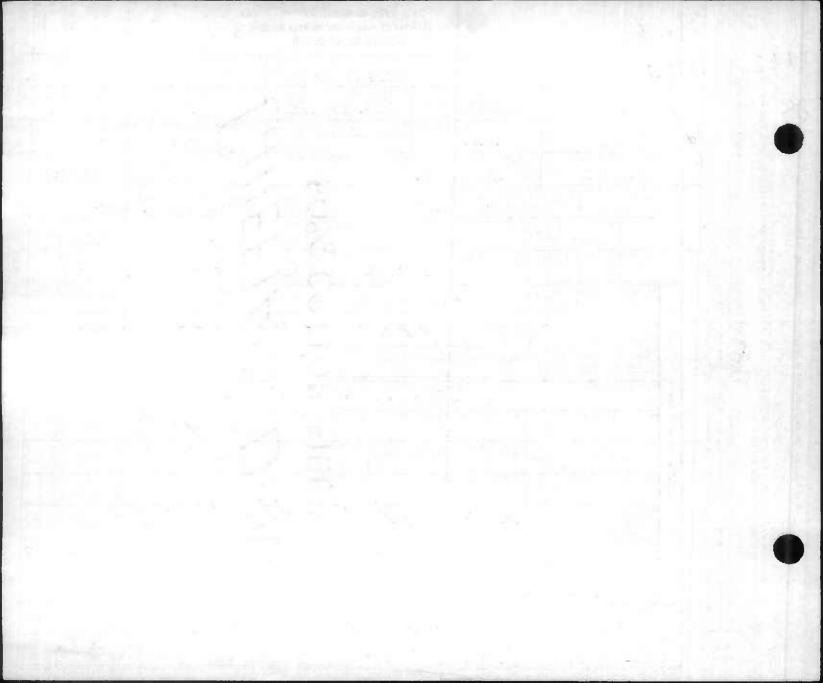
BURIAL 2/10/87

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC 6010 -REISTERSTOWN RD. BALTO, MD 21215

CHEVRA AHAVAS CHESED CHM RANDALLSTOWN BALTO MD
ROS., INC
MD 21215

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MD 21215



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG NO.			

REGISTRAR			IT OF HEALTH AN ERTIFICATE O		ENE 8 /	0	3 2	9 2
I DECEASED NAME FIRST		MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
[TYPE OR PRINT]	01/06	10	BEAT	+4		2 17	87	12:35 M
3 SEX	14 RACE	5.	DATE OF BIRTH		AGE (IN YEARS LAST BI	RTHDAY) IF U	NDER I YEAR II	F UNDER 24 HRS
F .	1	,	MONTH DAY		82	MON	THS DAYS H	OURS MIN.
/emale		WHAT COUNTRY? B.	4 23	-	BALTIMORE CITY	YRS.	DEATH	
COUNTRY)	10 (11)2214 (1)		MARRIED NEVE	ER MARRIED -	D . /	_	DEATH	
Md	U.	HOSPITAL, NURSING	VIDOWED X	DIVORCED	DA LFO	. Co.	126 KIND OF E	MD.
TOWSON	5te1	CH FACILITY, GIVE STREET ADD	RESS)		type of work for most	OF WORKING LIFE!	INDUSTRY	SUSINESS OR
USUAL RESIDENCE (IF NURSING HON 130 STATE 136 CC	YTAUC	130. CITY OR TOWN		E CITY LIMITS?	3. STREET ADDRESS	ZIP CODE	Quai	21220
14 FATHER'S NAME		1011		ER'S MAIDEN NAM	E	75	4.447	Rd
Weslev	WIDDLE	Sullivar	7~	FIRST	MIDDLE	Dan	(AST	
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECURIT		MANT	ADDR		gherty	<u> </u>
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	215-52-	1818 Mar	v Baird	1005Bow	l aveOn	artor	5 Pond
18 CAUSE OF DEATH (Ente	r only one couse pe			<u> </u>		10 4 30		TE INTERVAL SET AND DEATH
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	lint	Pulma	makel 1	6 dame	1100	100,000	7. T. A. I.O. D. A. I.O.
IMMEL		, com	200					
C this is	DUE TO, O	R AS A CONSEQUENCE	EOF	1				
Canditians, if any, which gove rise to immediate		ca. u	6 resp	cogus				
couse (a), stating the underlying cause lost		R AS A CONSEQUENC	E OF	0				
and any mg coose loss	(c)_							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							IN PART 110	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH OP	ERATION WAS PER	RFORMED	200 AUTOPSY?		ERE FINDING	
Ħ.					YES IN NO I	NG CAUSES OF DEATH?		
210. ACCIDENT WAS UNDERLYING	21b. TIME C		21c. HOW	/ INJURY OCCURRE				
ZIO, DECIDENT WAS DISDERLING		as secretary to make			D (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I	OR PART 2)	
		///			D (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	OR PART 2)	
	AINER) P	.M. //	19		D (ENTER NATURE OF INJU	JRY IN ITEM TE PART	OR PART ?)	
OR CONTRIBUTING CAUSE OF	AINER) P	///	19 211. LOCA		D (ENTER NATURE OF IN)		OR PART 2)	STATE
OR CONTRIBUTING CAUSE OF CHEETHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	P PLACE (AT HOME ST	.M. OF INJURY REET FACTORY OFFICE, FARM The decreased from	19 211. LOCA	ATION			COUNTY	STATE
OR CONTRIBUTING CAUSE OF CHAPTER NOTHY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.l certify that (1) (this has we the deceased alive	P PLACE (AT HOME ST	M. OF INJURY REET FACTORY OFFICE, FARM The decepted from	19 211. LOCA STI	ATION REET	CITY OR TO)	COUNTY	ot (I) (we) lost
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING COURRED WHILE NOT WHILE AT WORK 220-1 certify that (1) (this h	P PLACE (AT HOME ST	M. OF INJURY REET FACTORY OFFICE, FARM The decepted from	19 211. LOCA STI	ATION REET	(ITY OR TO)	COUNTY	ot (I) (we) lost uses stated
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING COURRED WHITE AT WORK AT WORK AT WORK AT WORK AT WORK OBOVE, (1) (we) (did) (did obove, (1) (we) (did) (did)	P PLACE (AT HOME ST	M. OF INJURY REET FACTORY OFFICE, FARM The decepted from	19 211. LOCA STI	ny) (aur) apinian de	, to 2 1 2 coth accurred on the a	19_ lote and hour on	COUNTY Thom the cou	ot (I) (we) lost uses stated
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING COURRED WHITE AT WORK AT WORK AT WORK AT WORK AT WORK OBOVE, (1) (we) (did) (did obove, (1) (we) (did) (did)	21e PLACE (AT HOME ST	M. OF INJURY REET FACTORY OFFICE, FARM The decepted from	19 211. LOCA STI	ATION REET 19 my) (aur) apinian de ATTENDING PHYSICIAN	, to 2 1 2 coth accurred on the a	19_ lote and hour on	COUNTY Thom the cou	ot (I) (we) lost uses stated
OR CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTION OF COURRED 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK 22a. I certify that (I) (this his saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	21e PLACE (AT HOME ST aspital) attended the on 2 d not) view the bady	M. OF INJURY REET FACTORY OFFICE, FARM The decreased from 19 19 17	19 211. LOCA SIII. LOC	ATION REET 19 my) (aur) apinian de ATTENDING PHYSICIAN	, to 2 1 2 coth accurred on the a	19_ lote and hour on	COUNTY Thom the cou	ot (I) (we) lost uses stated
OR CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTION CONTRI	21e PLACE (AT HOME ST aspital) attended the con d not i view the bady	M. OF INJURY REET FACORY OFFICE, FARM The deceoled from 19 87 olter death.	19 211. LOCA SIII. LOC	ATION REET , 19 To my) (aur) apinian de ATTENDING PHYSICIAN CRESS	medical STA	own 19_ lote and hour an IFF CIAN VALLE	87, the d from the cou	of (I) (we) lost uses stated GNED
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING COURRED 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK 22e. I certify that (I) (this has a with edeceased of we obove, (I) (we) (did) (did 27b. SIGNATURE 22d. PHYSICIAN'S NAME (T) 23a. BURIAL, CREMATION, REMOVES (SPECIFY)	PLACE (AT HOME ST aspitol) attended the on 2/1/2 d not) view the bady VAL 23b. DATE	OF INJURY OF INJURY OF REEL FACORY OFFICE, FARM THE DE deceoled from 19 97 Valley death.	19 211. LOCA SIII. LOC	ATION REET 19 The property of the property o	MEDICAL STADIRECTOR PHYSI	IP_ lote and hour an	EQUINITY 87., the different the country R DUNITY	ot (I) (we) lost uses stated GNED
OR CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTION CONTRI	VPE OB SAME) VPE OB SAME) VAL 23b. DATE 2/20	M. OF INJURY REET FACORY OFFICE, FARM The deceoled from 19 87 olter death. A M 2 1331. NAM / 87 MO	19 211. LOCA SII LOCA	ATION PREET TO THE TO THE TENT OF THE TEN	MEDICAL STADIRECTOR PHYSI	I 19_ lote and hour an	EQUINITY ROUNTY ROUNTY Maryl	of (I) (we) lost uses stated GNED STATE and

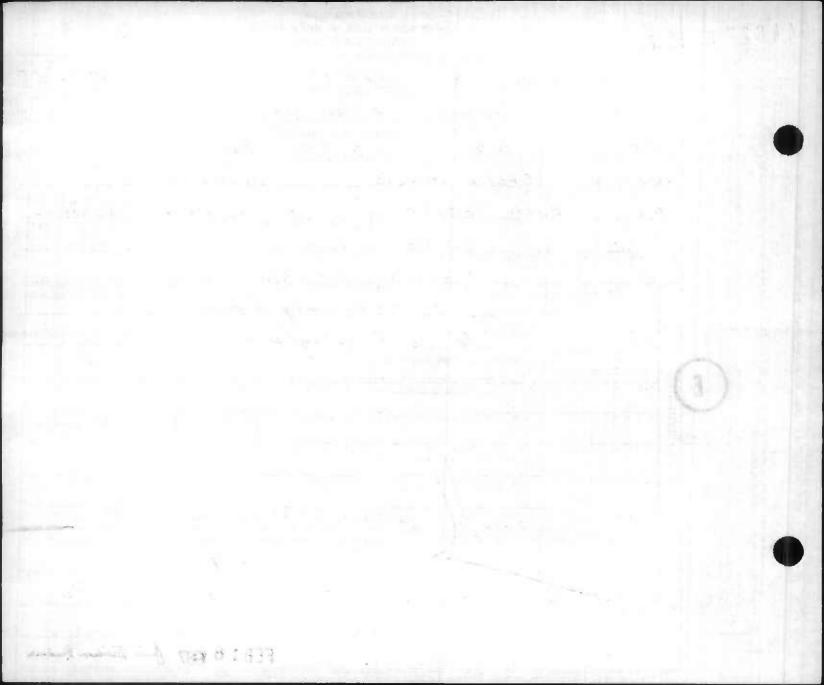
ConnellyFuneralHome 300MaceAve. 21221

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this tent leafe line retained by the haspital or attending physician.

should be detached for use as the bring transvir with the State Dept. of Health and Merital Hyp MPORTANT: # Hem 21 is marked at



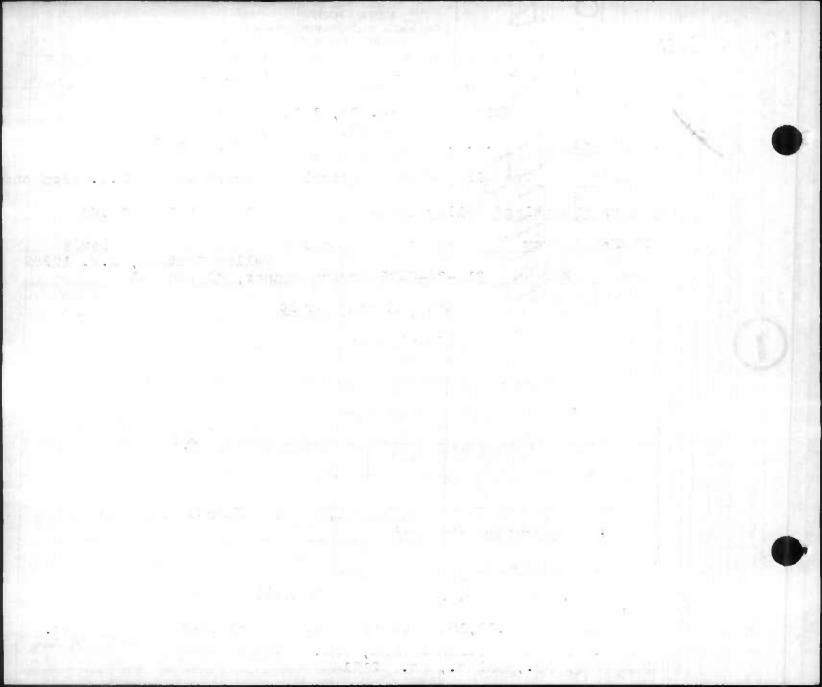
DHMH - 16 60M 7/84 (VRA 15, 4)

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) I	AIL	Ur	MAKILAND	

8 / REG. NO	0	3	3	7	4
TE OF DEATH	MONTH	DAY YE	AR 2h	HOLLB	

	1.7	FOR STATE REGISTRAR	DEPARTA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 0 3 5 9						
		CEASED NAME FIRST	WIDDLE	1	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR	
	(1117)	Davio	L	BEDNE	ER	February 1	2, 1987		7:50AM	
	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		1 YEAR IF	UNDER 24 HRS	
	1	Male	White	Dec.	00 0000	58	YRS		OURS MIN.	
ď		RTHPLACE (STATE OF FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		ATH		
1	-	nnsylvania	U.S.A.	WIDOWE	DIVORCED		e County		MD.	
		ssville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Franklin Squa	ADDRESS)		126 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Repairman	F WORKING LIFE) INDI	JSTRY	usiness or elephone	
1	13a S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 43 Rte 30	ZIP CODE	99	499	
4	h FA	THER'S NAME FIRST MXXXXX Andr	middle last ew Bednei	_	IS MOTHER'S MAIDEN NAME FIRST Marion	WE		Davi	9	
		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU			Valley Cot	Stage N		10989	
	(A	Yes (# YES, GIV	ean 215-24-6	5572	Regina Bedr				10,00	
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI			onary Arrest dema	INAL DISEASE OR CON	DITION GIVEN IN P	ART 110		
2	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF		
7		2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH DA	AY YEAR	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	wn cou	NIY	STATE	
		22a.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1796 C	And the body after death.	.87_,。	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	ote and hour and from	DATE SIG		
			eshonsky M.D.			Clin Square	Drive	21237		
,		URIAL, CREMATION, REMOVAL Cremation	^{236. DATE} Feb. 13, 1987		en Mount	Baltimor	e count		Md. :	
	Řő	BERT C. ALTE	NBURG FUNERAL		E, INC. 250 DAI	B 1 3 198	25Ы. REGISTRAR'S	IGNATOR	adate	



requires that the death certificate

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

		1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8	REG. NO.	0	3	9	હતું
6 5	FFR 2		CEASED NAME	SAMUE			ast ELKOWITZ	20 DATE OF	DEATH MONT	14	YEAR 87	26 HOUR 8:30		
ctor, pe	1 1.0 6.	3. SEX	MALE		RACE WHITE		5. DATE (OF BIRTH	6. AGE (IN YE	ARS LAST BIRTHDAY)		NDER I YEAR	IF UNDER 2	
cercal dire	36	70. BIRTHPLACE (STALE OR FOREIGN		OREIGN]	76. CITIZEN OF WHAT COUNTRY?					ECITY OR CO	UNTY OF	DEATH		MD.
by the	No. (C	10. CI	TOWSON	ТН	(IF NOT IN SUC	CHEACILITY, GIVE STREET	ADDRESS)	HARLES ST.	126. USUAL OCCUPATION 126. KIND OF BU				F BUSINES	SOR
filled in		13e. S	AL RESIDENCE (IF NURSITATE ARYLAND	ING HOMEONY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOR	N	13d. INSIDE CITY LIMITS?	130.STREET A 6992 N	DDRESS / ZIP 11 LBROO	code K PAR	K DR.	21215 #T-3	
ompletely Lond 2 st	1100	TA FATHER'S NAME FIRST PAUL			MIDDLE BELKOWITZ			15. MOTHER'S MAIDEN NA ERRST REBECCA		MIDDLE	CHAPLOWITZ			
s. Pages	medicol		VAS DECEASED EVER res, no or unknown) NO		MED FORCES? WAR OR DATES)	217-22-		MRS. SYLVIA	BELKOWI	TZ 699	7- 3 2 MIL			DR
signed by the attending physical properties of the signed by the attended by the attended by the signed by the attended by the	o buriol, crematic, acretavo jury, ar other troumatic event,	z	Conditions, if ony, gave rise to imm cause (a), statin underlying couse	which mediate g the last.	DUE TO, O DUE TO, O DUE TO, O Lc)	Metas or as a conseque or as a conseque	ENCE OF	C COLON (n given	2	MATE INTERVO	LTS
hos been	ene prior t	CERTIFICATION	198 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOI	PSY? 20b.	IF YES, WICERTIFYIN		NGS USED OF DEATH	1?
TOR: After this certificate for use as the burial-transit	of Health and Mental Hygin 21 is marked ar Item 18 st	MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK 220.1 certify the decease obove (1) weet for	AUSE OF DEAT (AL EXAMINER) RED (this hospite	P. 21e. PLACE (AT HOME, STI	.M. MONTH DA ,M. OF INJURY REET, EACTORY, OFFICE, E The deceased from 19	19 ARM, ETC)	211. LOCATION SIREE , 19 85 and that in (my) our) apinion	, to	CITY OR TOWN	19_	COUNTY	STA that () (we causes state	e) lost
TO FUNERAL DIRECTOR	with the State Dept.		226 PHYSICIAN'S NA	rles	Rab	ett.	/	ATTENDING PHYSICIAN DE PHYSICIA	MEDICAL DIRECTOR E			2/2 DATE	1187	- M

DHMH - 16 60M 7/84

FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)(VRA 15, 4)

2/15/87

23e BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL

23d LOCATION
CITYORTOWN
BALTIMORE, MD. FEB 1 9

COUNTY

STATE

231 NAME OF CEMETERY OR CREMATORY

ZEDEK CEM

RODFE

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ENE	8	7	
	-	REG. N	10.
20. DA	TE OF D	EATH	MONTH

2b. HOUR

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO |

STATE

MD.

		CEASED NAME	FIRST		MIDDLE	- 1	AST		20. DATE C	OF DEATH	MONTH	DAY	YEAR	
H	TYPE	ORPRINT)	ROBE	RT 1	LEE	B	ENSON			-0	2	28	87	
	3. SEX	(4 RACE		5. DATE C			6. AGE (IN	YEARS LAST BIRTI	HDAY)	MONTH	DER I YEAR	
3		Male		Whi	te	Octo	ber 25,	1925	61		YRS		DATS	
and the	7e BII	RTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 ** A A D D IE	D XXX VERM	APPIED [9. BALTIM	ORE CITY OF	COUN	TY OF D	DEATH	
5		aryland		U.S.	Α.	WIDOWE		ORCED	BALT	O COUN	ΠY			
	10 CT	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION		OCCUPATION FOR MOST OF			NOUSTRY	
2		DWSON		16701 -	NORTH CHA	ARLES	ST		Utili	ty Con	stru	ctic	on K	
ú	130. S	AL RESIDENCE (IF NI STATE	13b. COU		GIVE RESIDENCE BEFORE		136 INSIDE CI	TY LIMITS?	13e.STREET	ADDRESS /	ZIP CO	DE		
7	Ma	aryland	Ba	altimore	Baltimor	e	YES 🗌	ио Ю	6904	Bello	na A	ve.	2121	
X	14. FA	THER'S NAME FIRST		MIDDIE	LAST		15. MOTHER'S	MAIDEN NA	ME	MIDDLE			IAST	
)		Clyde L	eister	Benson			Ger	trude	Belle	Buell				
7		VAS DECEASED EVI	R IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAL	VĪ		ADDRES	55			
/	. ()			WII			K.M.Benson 6904 Bellona Ave.					212	21212	
		18. CAUSE OF DEA			line for (a), (b), and								APPROXIM BETWEEN O	
		PARTI DEATH	IMMEDIA	TE CAUSE (D)	SPIRATOR'	Y ARR	-S							
S.				DUE TO, O	R AS A CONSEQUE	NCE OF								
g		Conditions, if a		((b) F	PLFURAL F	FUSI	ONS							
F		gove rise to i	ting the	DUE TO, O	R AS A CONSEQUE	NCE OF								
		underlying cou	ise lost.	(c)	YPOAL BUM	INEMI	A GASTR	IC CA_						
	~	PART 2. OTHER SI	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR COND)ITION C	SIVEN IN	PART 110	
	CERTIFICATION	New York Control of the Control of t												
)	ICA	19a DATE OF OPER	RATION	19b COND	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED 200 AUTOPSY?			206 IF YES, WERE FINDIN			
1	RTIF								YES 🗌	NO 💢		YES		
1		210. ACCIDENT WAS I		21b. TIME C	FINJURY M. MONTH DA	Y YEAR	21t. HOW IN.	JURY OCCUR	RED (ENTER	NATURE OF INJUR	Y IN ITEM T	8 PART I C	ORPART 2)	
	CAL	(IF EITHER NOTIFY M			M.	19								
	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM. ETC.)	211 LOCATIO	N		CITY OR TOV	νN	c	OUNTY	
	~	AT WORK AT	VORK							January 1				
		220.1 certify that		0/00	0.	7 1/2	4	. 19 87	, to	2/28		_ 19	27	
		sow the dece above, (I) (we		not) view the body	ofter death.	, 01	nd that in (my)	(our) opinion	death accur	red on the do	te and h	our and	from the c	
		226 SIGNATURE		100			DEGREE				- Y		220 DATE S	
		Tagor	oni	40	F411			TTENDING PHYSICIAN [MEDICA DIRECTO	STAF	IAN			
1		SUE IN					22e ADDRESS							
/		561 11	ATT 11	• • •			GDE	10	V. 15-					
				_										

that (1) (we) lost occurred on the date and hour and from the causes stated 22¢ DATE SIGNED STAFF X MEDICAL DIRECTOR PHYSICIAN 23d. LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT should be dwith the St

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 3-3-87 Burial

23c NAME OF CEMETERY OR CREMATORY Dulaney Valley

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500° York Road 21212

Lutherville Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

144. 0 2 887. All Cite Cite Control

executed within 24 hours ofter

HOSPITAL OR ATTENDING PHYSICIAN: The low requires ned by the hospital or attending physician.

STATE OF MARYLAND

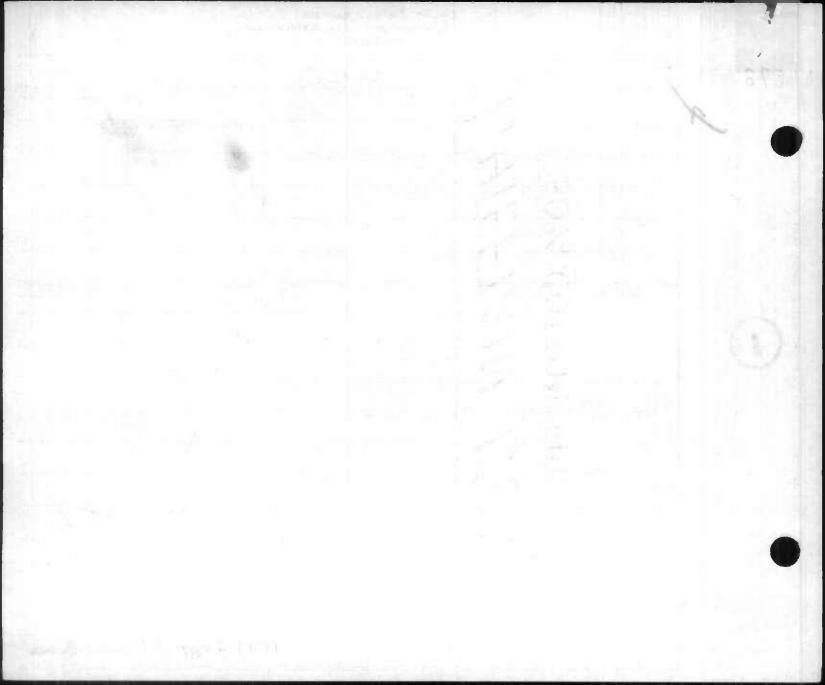
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	0	3	3	9	

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 /		
23	DECEASED NAME	ILIP PHILI	IP MIDDLE	v.	BERGE SR.		MONTH 2 DAY 17	87- 830
0	3 SEX	4 RACE	N	5 DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS	RIYEAR IF UNDER 74
1	70. BIRTHPLACE STATE (OR FOREIGN 7b. CITIZ	EN OF WHAT COUN	VTRY? 8.	ember 18,1904	9 BALTIMORE CITY O	R COUNTY OF DE	ATH
9	Rhode Isl		S.A.		ED XX DIVORCED D	Baltin	nore Coun	KIND OF BUSINES
\$5	Randallst	own Bal	of in such facility, give Ltimore Co	ounty Ge		(1YPE OF WORK FOR MOST O	F WORKING LIFE) IND	uilding
127	USUAL RESIDENCE (IF N	URSING HOME OR OTHER INS	13c. CITY OF	RTOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		D 1 0100
The same	Maryland 14. FATHER'S NAME		Balti	imore	YES XX NO	727 Charir	ig Cross	Road Z1ZZ
700	FIRST Phil	MIDDLE 1 D	1A1 B€	erge	Marie	Louis		Leclero
dico	160 WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FOI	DATEST	L SECURITY NO.	17. INFORMANT	ADDRE		# 12
e e	No	ATH (Enter only one co		10-5374	Philip V.	Berge Jr.	Same as	# 13 APPROXIMATE INTERVA
injury, or other t		use last.	e TO, ORAS A CON (c)	on va	& Culby du	SIE-BLYC MINAL DISEASE OR CON		PART Ita
Auo smo	190 DATE OF OPE	RATION 19b	CONDITION FOR V	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH NO []
tem 18 sh	OR CONTRIBUTING	CAUSE OF DEATH HO	TIME OF INJURY OUR A.M. MONT P.M.	H DAY YEAR		RRED (ENTER NATURE OF NUM	RY IN ITEM 18 PART I OR	PART 2)
kedorl	(IF EITHER NOTIFY M		PLACE OF INJURY HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN CO	DUNTY STA
21 is mo	sow the dece	(h (this haspital) atterased alive an (did) (did not) view the	10/2 0		and that in (my) (our) opinion	to, to	ote and hour and f	that ((we
T. If them	22b. SIGNATURE	mm	f		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF E/ D	2.12.8
IMPORTANT:	271. PHYSICIAN'S	NAME (TYPE OR PRINT) M. E	ENOUI	R	22e ADDRESS Baltimore	County Gener	Randalls ral Hospi	town, MD
	230 BURIAL, CREMATIC SPECIFY Burial	2/	21/87	St. Pa	CEMETERY OR CREMATORY tricks	23d LOCATION CITY OF TOWN Pascoag	Provide	ence R
M 7/84	24 FUNERAL DIRECTOR Let by M. 1630 Edmo	& Russell (C. Witzke	ville, M	Homes P. A. P	EB 1 9 1987	25h JEGISTRAPIS Julia Des	SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



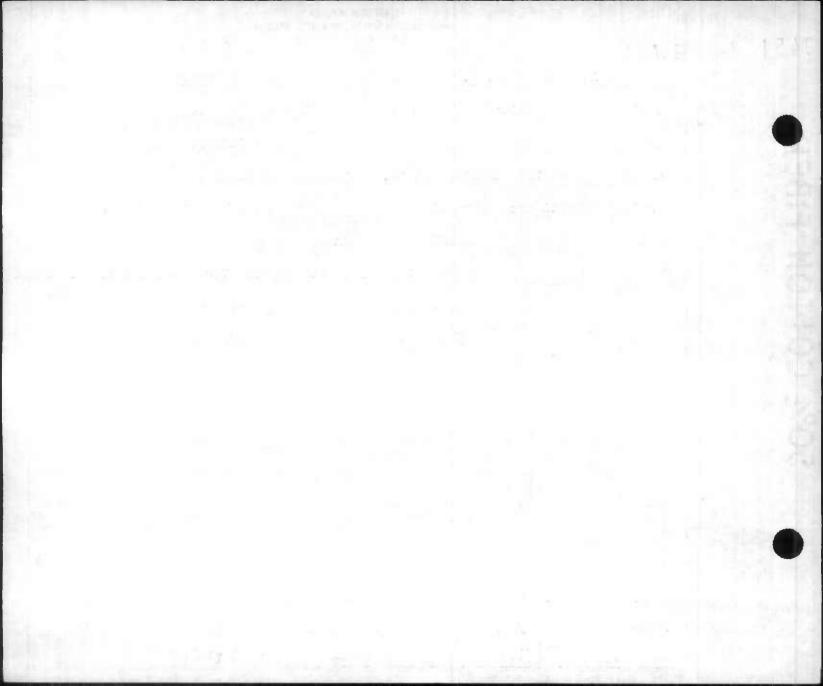
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

8	REG. NO.	0	3	5	9	
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FOR STATE		DEPARTI		IEALTH AND MENTAL HYC	SIENE 8 REG. N	0	3 5	9
TOECEASED NAME FIRST		BIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Elizabe	th A.	A.	Bergi	man	Februa:	ry 22	1987	
3 SEX	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF		IF UNDER 24 HRS
Female	White		8	9 1908	78	YRS	NIH5 DATS	HOURS MIN
To BIRTHPLACE A TATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_		
Germany IO CITY OR TOWN OF DEATH	USA	I SOUTH A THOSON	WIDOW	DR OTHER INSTITUTION	Baltimore			M
Dundalk	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET Larlesmont	ADDRESSI	21222	(TYPE OF WORK FOR MOST OF Housewife		Home	BUSINESSO
tisual residence (if nursing home 13% STATE 13% CC Maryland Bal	orother institution DUNTY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Dundalk		13d INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS . 7609 Char		Rd.	21222
14 FATHER'S NAME FIRST Karl	MIDDLE	Pakul1		15 MOTHER'S MAIDEN NA FIRST Anna	WE		Berno	đt
160 WAS DECEASED EVER IN U.S.		16b SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRI	ESS	WCTII(
NO (18 YES	GIVE WAR OR DATES)	212-56-8	8715	Mrs. Ruth Cod	oper 7609	Charles	mont R	d. 21
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly one cause per ISED BY: IATE CAUSE (o)	line lor (a), (b), an	Dis	Pulmenos	2 ARRAS	7	APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	I IN PART 1ra	
190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES O	
0.0000000000000000000000000000000000000	DEATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	
THE RITHER NOTH Y MEDICAL EXAMI	21e PLACE LAT HOME STE	OF INJURY REET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
The I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did)			, aı	nd that in (my) (our) opinion	deoth occurred on the de	ote ond hour ar		nat (II (we) la
226 SIGNATURE	h			DEGREE ATTENDING PHYSICIAN &	MEDICAL STA		220 DATE ST 2. 2	1GNED 4. 87
Dr. Tarique		i		220 ADDRESS 223 Eastern	Blvd. Balti	imore M	arvland	đ
230 BURIAL, CREMATION, REMOV		23c. 1		EMETERY OR CREMATORY n Cemetery	23d LOCATION CITY OR TOWN Baltimor	c	OUNTY Maryl	STATE
	-Ruck Fur	neral, Hom	е		E REC'D. BY REGISTRAR		R.S.SIGNATUI	ge-

DHMH - 16 60M 7/84 (VRA 15, 4)



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the funeral director, page 3

STATE OF MARYLAND

8	7	0	3	100	9	8
	REG. NO.					

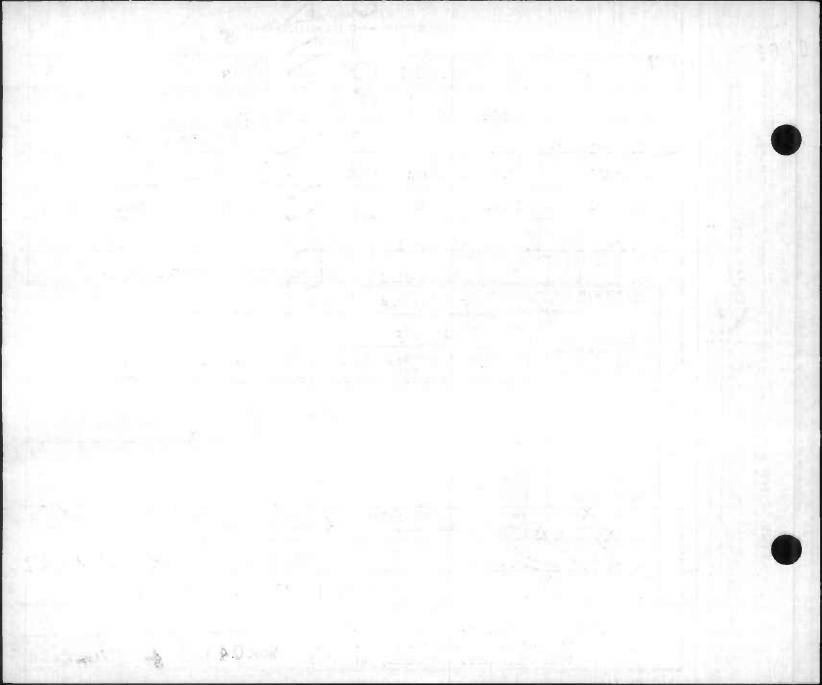
	- S'	OR TATE EGISTRAR		DEPARTM		EALTH AND MENTAL HYG	8 /	G. NO.	0 3 5	98
1	Prope of	SED NAME FIRST PRINT! Jessie	M	BERGQUIS		AST	February	TH MONTH	1987	126 HOUR P
1	3 SEX		4 RACE		5. DATE (6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
L		Pemale	White	e		ember 8. 1910	76	YR	s.	Aut.
	Pa BIRTH	NIRY) Pennsylvania	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Baltimore C	re Cou	nty of death inty	MD
1		Rossville 11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACHITY, GIVE STREET ADDRESS Franklin Square		HOME (poress) re Ho	or other institution ospital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Seamstress			OF BUSINESS OR	
	USUAL R 13a. STA	RESIDENCE (IF NURSING HOME OR TE 136 COUN Maryland Ba	other institution. Itimore	GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN Dundalk		13d INSIDE CITY LIMITS? YES NO Q	13 STREET ADDR	ESS / ZIP CC Orbush	Ave.	21222
I	14 FATH	ER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	DLE	LAS	1
4		John	H.	Witkovs		Daisey			Johns	
1		DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DA1ES)	166 SOCIAL SECUR	ITY NO	17 INFORMANT		DDRESS		
ŀ		10		216-24-		Victoria W	iley //)/ Nort	bush Ave.	
I	18	PART I. DEATH WAS CAUSE	ly one couse per DBY: (E CAUSE (a)	Cardiopuln	nonar	y Arrest			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	9 0	conditions, if ony, which pove rise to immediate ouse (a), stating the inderlying cause last. ART 2 OTHER SIGNIFICANT C	DUE TO, OF		Hrbr	nic Foley Cath		CONDITION	GIVEN IN PART 11	0
2	CERTIFICATION 150	DATE OF OPERATION	19b. CONDI	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTÓPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D YES NO YES NO			OF DEATH?
		ACCIDENT WAS UNDERLYING CONTRIBUTING	10	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE O	INJURY IN ITEM	18 PART OR PART 2)	
١	W AT	MINJURY OCCURRED WHILE NOT WHILE WORK		EET FACTORY, OFFICE, FAR		211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	22	sow the discussed and above	Februar	v 25 19	bruai 87	V 21, 19 87 and that in (04) (our) opinion (deoth occurred on		hour and from the	that (we) last causes stated
		SIGNATURE	lines	~		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF	226. DATE	SIGNED 25-87
	-	Gary Johnson M				9000 Frankli	in Square	Dr.,	21237	
	23a. BUR	IAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	STATE
-		Burial	2-28-	-87 Me	eadow	vridge	Baltir	nore Ma	aryland	
	74 FUNE	PRAL DIRECTOR Duda 7922	-Ruck Fr Wise Av	uneral Horves. Dunda	ne of	Dundalk 250 DAI MD 21222	AR 0 4 19	87	SISTRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate for should be detoched for use as the buriol-training per with the State Dept. of Health and Mental Highers

IMPORTANT: If them 21 is morked or them 1# the



STATE OF MARYLAND

Black

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

IENE 8 REG. NO.	0 3	5 9 9
20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Feb.	1 1987	М
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
82 YRS	MUNIHS DAIS	HOURS MIN.
9. BALTIMORE CITY OR COUNT	TY OF DEATH	
Baltimore C	County	MD.
120 USUAL OCCUPATION	125 KIND O	F BUSINESS OR
Superintendent	Steel	
Nail Mill 13e.STREET ADDRESS / ZIP CO	DE	
596 West Pado		21030
ME		
MIDDLE	IAS	
ADDRESS		
Poll 17220 Falls	. Dd 2	1155

1	3. SEX	4 RACE	5. DATE C			6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
	Male	White	Mare		1904	82	YRS	ININS DATS	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER M	ARRIED ORCED	9 BALTIMORE CITY	ore County	unty	ME F BUSINESS OR
	Cockeysville		y, give street address) Padonia Ro			Superinten		Steel	
5	130 STATE 136 COU	ROTHER INSTITUTION GIVE RES NTY 131. CT	IDENCE BEFORE ADMISSION)	13d INSIDE CITYES		Nail 13e STREET ADDRESS 596 West	/ ZIP CODE	a Rd.,	
Ĭ	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	3-07-4837	17 INFORMAN		ADDR Bell, 17320		Rd., 2	1155
de Albertones	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A DUE TO, OR AS A LE CONDITIONS CONTRIB	CONSEQUENCE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON		/MM	INSET AND DEATH.
27	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE ITS ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (II) (this hasp saw the deceased alive of above (IV) (we) (did) (did in 22b. SIGNATURE	21b. TIME OF INJUI ATH HOUR A.M. M P.M. 21e PLACE OF INJU (AT HOME STREET, FACT intol) attended the decect / O / 3 attivities the body after d	ONTH DAY YEAR 19 URY ORY OFFICE FARM ETC.) ased from and the second of	211. HOW INJ	N 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	YES NOTE YES NOTE OF THE PROPERTY OF THE PRO	IN CERTIFYI YES OWN , 15 date and hour of	COUNTY	STATE
1	James E. KI		1 .			Suite 31	1, 2120	4	

should be detached for us, with the State Dept. of Hee IMPORTANT: If hem 21 is not

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

B REGISTRAR

I. DECEASED NAME

FIRST

Edward

Harold

230 BURIAL, CREMATION, REMOVAL

Burial

Mays Chapel Cem.

CITY OR TOWN Timonium

Balto.

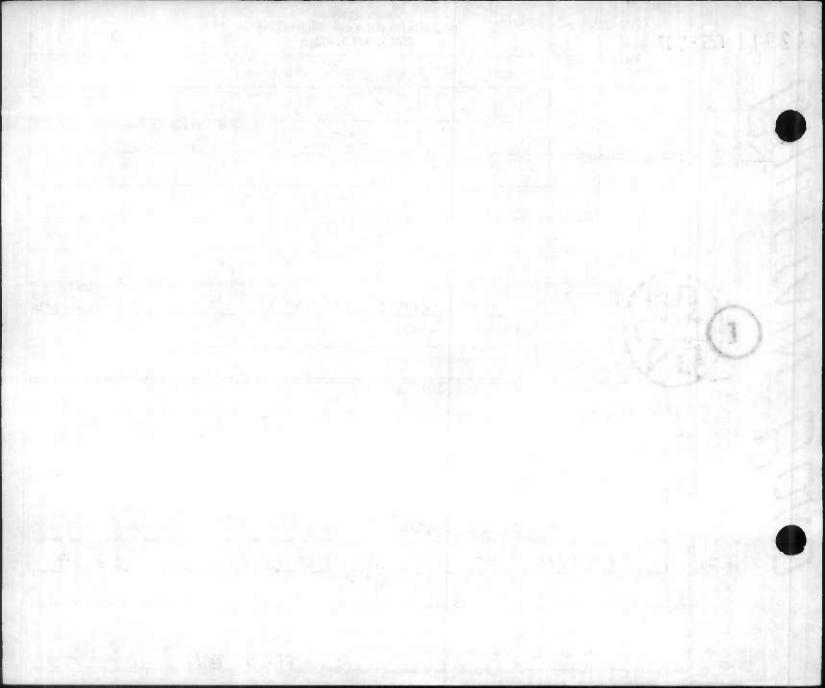
Md.

24. FUNERAL DIRECTOR Lawson, 10 W. Padopi NAME Padonia Rd. Martin D.

2/4/87

FFB

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE dia Division Randa



- STATE

REGISTRAR . DECEASED NAME

301 Church Rd. 21136 Nicholson 301 Church Road. Betty M. Pearce Reisterstown, Md. VECH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ANEMIA, Chronic Obstructure Palmonary Olicos 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 STATE COUNTY 19 57 and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Suite 5, 11 E Chestrut Hell Laro, Reisterstown, Mc1 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Feb. 26.1987 Woodlawn Cemetery Woodlawn, Balto. Md. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Owings Mills, Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

IF UNDER I YEAR

12h, KIND OF BUSINESS OR

or Construction

full gill skill SERVE THE STATE 175. - 220 . Herry 1 27 27 27 28 28 27 11 126 TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death cerretained by the haspital or attending physician.

within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

8	REG. NO.	0	3	Ó	0	
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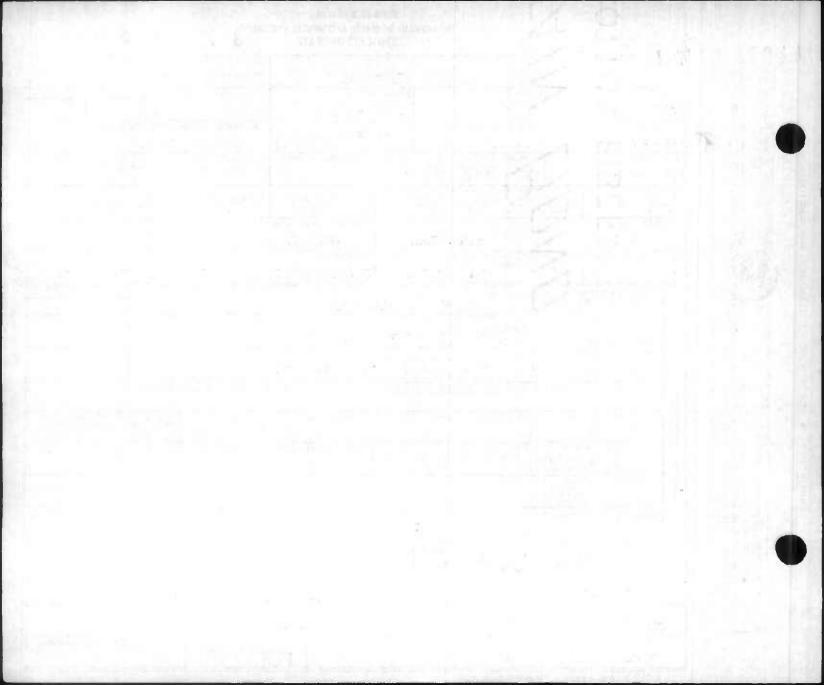
B		GEASED NAME	145229 FIRST		MIDDLE		EAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2h HOL
	(TYPE	OR PRINT)	ROSTE	RS	С.	BLAC	KWELL	FEBRUARY 9	. 1987		1:45
	3. SE	Х		RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER
	MAI	LE		BLACK		JUN	E 6, 1912 YEAR	74	YRS.	ONTHS DATS	HOURS
1	7a 81	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	ED T NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
A		ORGIA	100	U.S.A.		WIDOWI		BALTIMORE	COUNTY	Y	
20	10 C1	ITY OR TOWN OF DE.	ATH 1	I. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	F BUSIN
		RT HOWARD		VA MED	ICAL CENTI	ER		Retired		INDUSTRI	
35	13a. S	AL RESIDENCE (IF NUR STATE RYLAND	136 COUNT BALTI	ſΥ	136. CITY OR TOWN	'N	13d. INSIDE CITY LIMITS? YES TO NOXX	13e STREET ADDRESS 8425 ALLE	ZIP CODE	ROAD	211
1		ATHER'S NAME			D-1-01-01-01-01-01-01-01-01-01-01-01-01-0		15. MOTHER'S MAIDEN NA			110125	
21	1	LUTHER	Ř	IDDIE	BLACKWELI	L	MARTHA	O. MIDDLE	GA:	INES TAS	Т
1	16a. V	VAS DECEASED EVER	R IN U.S. ARM	AED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR			-
1	ZES	VAS DECEASED EVER KES, NO OR UNKNOWN) >	WW II	WAR OR DATES	218 05 65	538	CLINICAL REC	ORDS, VAMC,	FORT I	HOWARD	, MD
/		18 CAUSE OF DEAT	TH (Enter only	one couse pe	r line for (a), (b), and	d (c).1				APPROX	MATE INTE
		PART I. DE ATH V		BY:	ASPIRATION		UMONIA				
		Conditions, if ony gove rise to im couse (o), stati	mediate	(b)_		LEFT	HEMIPLEGIA				
		gove rise to im couse (0), state underlying coust	mediate ng the e last.	(b)	CVA WITH I OR AS A CONSEQUE RIGHT BELO	LEFT ENCE OF OW KN	HEMIPLEGIA EE AMPUTATION		DITION GIVE	N IN PART 11	0,
	lion	gove rise to im couse (0), state underlying coust	mediate ng the e last.	(b)	CVA WITH I OR AS A CONSEQUE RIGHT BELO	LEFT ENCE OF OW KN	EE AMPUTATION		DITION GIVE	N IN PART 1	0,
2	TIFICATION	gove rise to im couse (0), state underlying coust	mediate ng the e last. NIFICANT CO	DUE TO, C	CVA WITH I OR AS A CONSEQUE RIGHT BELO ONTRIBUTING TO D	LEFT ENCE OF OW KN DEATH BUT	EE AMPUTATION		20b IF YES,	WERE FINDING CAUSES	NGS USEI
29	CAL CERTIFICATION	gove rise to im couse (o), stofi underlying couse PART 2 OTHER SIG	mediate ng the e last. NIFICANT CO	DUE TO, C (c) DODDITIONS C 196 COND 1716 TIME (HOUR A	CVA WITH I	LEFT ENCE OF OW KN DEATH BUT	EE AMPUTATION T NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NEW	20b IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USER
29		gove rise to im couse (a), stofi underlying couse PART 2 OTHER SIG	mediate ng the e last. NIFICANT CO ATION DERLYING CAUSE OF DEAT DICALEXAMINER)	DUE TO, C CC) DNDITIONS C 19b COND 21b TIME C HOUR A P 21e PLACE	CVA WITH I OR AS A CONSEQUE RIGHT BELC ONTRIBUTING TO E DITION FOR WHICH OF INJURY OF INJURY OF INJURY	LEFT ENCE OF OW KN DEATH BUT OPERATIO AY YEAR 19	EE AMPUTATION TNOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NEED (ENTER NATURE OF INJURE	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USET OF DEAT NO
29	MEDICAL CERTIFICATION	gove rise to im couse (o), stoli underlying couse PART 2 OTHER SIG	INTERCENT CO	DUE TO, C CC) DNDITIONS C 19b COND 21b TIME C HOUR A P 21e PLACE	CVA WITH I	LEFT ENCE OF OW KN DEATH BUT OPERATIO AY YEAR 19	TEE AMPUTATION T NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NEW	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USET OF DEAT NO
29		gove rise to im couse (a), stofi underlying couse (b), stofi underlying couse (b). The couse (couse of the couse of the co	INTELLANT CO	DUE TO, C (c) DNDITIONS C 19b COND 19b COND 21b. TIME (HOUR A P 21e. PLACE (AT HOME, S)	CVA WITH I	ENCE OF OW KN DEATH BUT OPERATIO AY YEAR 19 OVEMB	EE AMPUTATION T NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NEED (ENTER NATURE OF INJURE	20b IF YES, IN CERTIFY YES RY IN ITEM 18 PAR	WERE FINDS ING CAUSES	NGS USEI OF DEAT NO
19		gove rise to im couse (a), stofi underlying couse (b), stofi underlying couse (b). The couse (couse of the couse of the co	INTELLANT CO	DUE TO, C (c) DNDITIONS C 19b COND 19b COND 21b. TIME (HOUR A P 21e. PLACE (AT HOME, S)	CVA WITH I	ENCE OF OW KN DEATH BUT OPERATIO AY YEAR 19 OVEMB	EE AMPUTATION T NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NEED (ENTER NATURE OF INJURED) LITY OR TO	20b IF YES, IN CERTIFY YES RY IN ITEM 18 PAR	WERE FIND IN ING CAUSES THE COUNTY 987	NGS USED OF DEAT NO
129		gove rise to im couse (a), stofi underlying couse (b), stofi underlying couse (b). The couse (b) and couse (c) and	INTELLANT CO	DUE TO, C (c) DNDITIONS C 19b COND 19b COND 21b. TIME (HOUR A P 21e. PLACE (AT HOME, S)	CVA WITH I	ENCE OF OW KN DEATH BUT OPERATIO AY YEAR 19 OVEMB	TNOT RELATED TO THE TERM ON WAS PERFORMED 211 LOCATION STREET ER 18 , 186 and that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NATURE OF INJURED OF INJURED OF THE PRIMARY OF THE PRIMARY death occurred on the death occurred occurred on the death occurred occurred on the death occurred	20b IF YES, IN CERTIFY YES RY IN ITEM 18 PAR OWN gte ond hour of	WERE FIND IN ING CAUSES THE COUNTY 987	NGS USEIS OF DEAT NO [
		gove rise to im couse (o), stofi underlying couse (1). Stofi underlying couse (1). The stofi u	ATION ATION ADERLYING CAUSE OF DEAT CAUSE OF DEAT CRED (This hospite sed olive on 2 (did) (did not)	DUE TO, C (c) DNDITIONS C 19b COND 19b COND 19b COND 21b TIME (HOUR A P 21c PLACE (AT HOME, S)	CVA WITH I	ENCE OF OW KN DEATH BUT OPERATIO AY YEAR 19 OVEMB	EE AMPUTATION T NOT RELATED TO THE TERM ON WAS PERFORMED 211 LOCATION STREET ER 18 , 186 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOWED CITY OR TO IFEBRUARY deoth occurred on the d	20b IF YES, IN CERTIFY YES ARY IN ITEM 18 PAR OWN	WERE FINDING CAUSES TI LOR PART 2) COUNTY 987 and from the	NGS USEES OF DEAT NO [
129		gove rise to im couse (a), stofi underlying coust underlying coust part 2. OTHER SIG 190. DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WOR AT WOR 220. I certify that (I saw the decession).	ATION ATION ADERLYING CAUSE OF DEAT CAUSE OF DEAT CRED (This hospite sed olive on 2 (did) (did not)	DUE TO, C (c) DNDITIONS C 19b COND 19b COND 19b COND 21b TIME (HOUR A P 21c PLACE (AT HOME, S)	CVA WITH I	ENCE OF OW KN DEATH BUT OPERATIO AY YEAR 19 OVEMB	EE AMPUTATION T NOT RELATED TO THE TERM ON WAS PERFORMED 211 LOCATION STREET ER 18 186 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NEED (ENTER NATURE OF INJURED) VERED AUTOPSY? VERED (ENTER NATURE OF INJURED OF INJURED) VERED AUTOPSY?	20b IF YES, IN CERTIFY YES ARY IN ITEM 18 PAR OWN	COUNTY 987 ond from the	NGS USEED OF DEAT NO [
29		gove rise to im couse (o), stofi underlying couse (1). Stofi underlying couse (1). The stofi u	ATION ATION ATION ADERLYING CAUSE OF DEAT CAUSE OF DEAT CRED ORK Other Control AME (TYPE OR	DUE TO, C (c) DNDITIONS C 19b COND 19b COND 19b COND 21b. TIME (HOUR A HOUR A HOUR A DI) ottended to PRINT)	CVA WITH I	ENCE OF OW KN DEATH BUT OPERATIO AY YEAR 19 OVEMB	EE AMPUTATION T NOT RELATED TO THE TERM ON WAS PERFORMED 211 LOCATION STREET ER 18 , 186 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NEW NATURE OF INJURED (ENTER NATURE OF INJURED) TERRITARY deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC	20b IF YES, IN CERTIFY YES RY IN ITEM 18 PAR OWN 9 10 FF CIANADA	COUNTY 9.87 ond from the	NGS USEED OF DEAT NO [

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

March F/H 4300 Wabash Ave. ADDRESS

FEB 1 3 1987



DHMH-16 30M 2/80 (VRA 15, 4)

BP

Walter Dabrowski - 1005 Dundalk Avenue 21224

2-27-87

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn

230 BURIAL, CREMATION, REMOVAL

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

250, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATUR

23d LOCATION

CITY OR TOWN

Baltimore.

COUNTY

224 DATE SIGNED

2h HOUR

17h KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Md.

General Motors

INDUSTRY

IF UNDER 24 HRS

unde: 1 21 1222 of tauni laur Broso I tones | pariso | Stau Carlanati | Lauten ALIES SELECTIONES S'AN W SELECTE ALIES SELECTES ica 119-1 - AM | TS. Limitur Tolland - allinge, M. 112 ...Ler Librous I - 1 - 1 ... u. ... Librous 21214

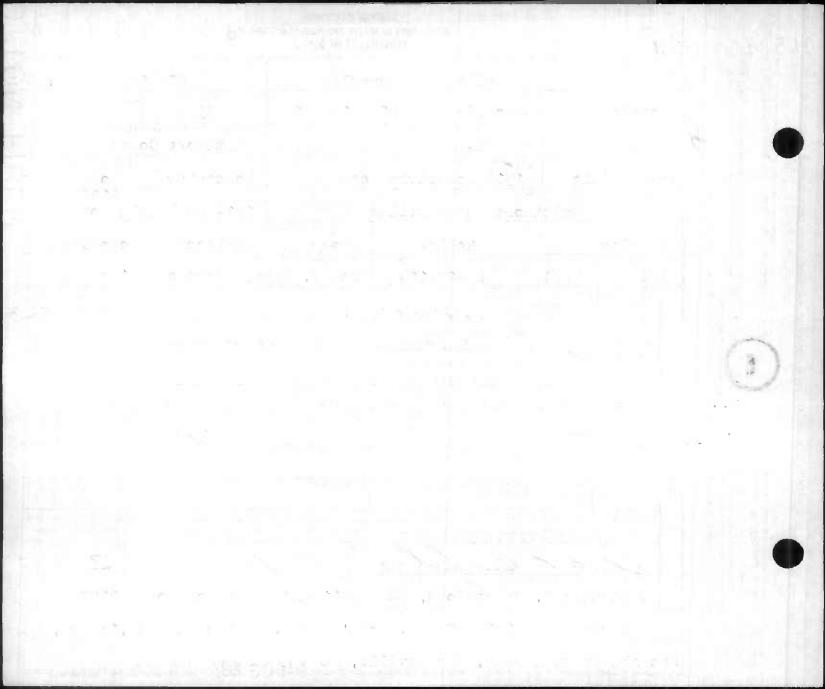
STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

3	0	0	-
			- 1

	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 /	(3	0	0 3		
	CEASED NAME FIRST	WIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY Y	EAR	2b HOUR		
(TYPE	Ola Ola	Keller	В	radley	(02/	25/ 8	87	4:00		
3 SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I	I YEAR	IF UNDER 24 HRS		
F	'emale	Caucasian	02	107 92	95	YRS	MONTHS	DAYS	HOURS MIN.		
	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9. BALTIMORE CITY C		Y OF DEA	TH			
25	MD	USA	WIDOW	ED NEVER MARRIED D	Baltimon	re C	ount	У	м		
	tonsville	11. NAME OF HOSPITAL, NURSIN (IENOT IN SUCH FACILITY, GIVE STREET 1314 Denbri	G HOME		17a USUAL OCCUPATION OF COMMON TO THE OF WORK FOR MOST COMMON TO THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OFF	F WORKING	LIFE) INDU		BUSINESS OF		
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE NO COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🔼	13. STREET ADDRESS 1314 Dea	zip coi nbri	ght l	122 Roa	.8 .d		
20	ther's NAME harles	Keller		15. MOTHER'S MAIDEN NAM	Rebecca		McK	enz	ie		
4)	(IF YES O	RMED FORCES? 166. SOCIAL SECU WD-2701		Ruth V. Bak	er Same		# 13	е			
	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), an	d (c).)				BET	PPROXIM	NATE INTERVAL		
7	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o) ASP. A	AT	200				カノハ	10:03		
	411	DUE TO, OR AS A CONSEQU									
	Conditions, if any, which			PANCER M	ET795777	70		2	425		
NO	COUSE (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN ATHEROSCIEROPE CALDIOVASCULAR DISEASE, OSTEOAL										
IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			YES NO NO		WERE FINDINGS USED ING CAUSES OF DEATH?				
CAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCURR				(RT 2)			
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COUN	41 Y	STATE		
	saw the deceased alive o	pital) attended the deceased from	, o	nd that in (my) (aur) apinion a	, to death accurred on the d	ate and h	. 19 our and fra		hat (I) (we) los auses stated		
	276 SIGNATURE			DL-8							
	Christine 1	L. Commerford,	MD	5411 Old F	rederick	Roa	d 2:	122	9		
(urial, cremation, remova Burial			ohn's Ceme.	Ellicot						
	INERAL DIRECTOR	ADDRESS.			REC'D. BY REGISTRAR	256 REGI	STRAR'S SIG	GNATU	JRE		
Ma	.cNabb Funera	al Home, Caton	svil	le, MD	7 1007 1			0_			
						-	THE PARTY NAMED IN	Contraction of the			

POSTANT, If them 21 is marked or Item 18 shows ony in

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

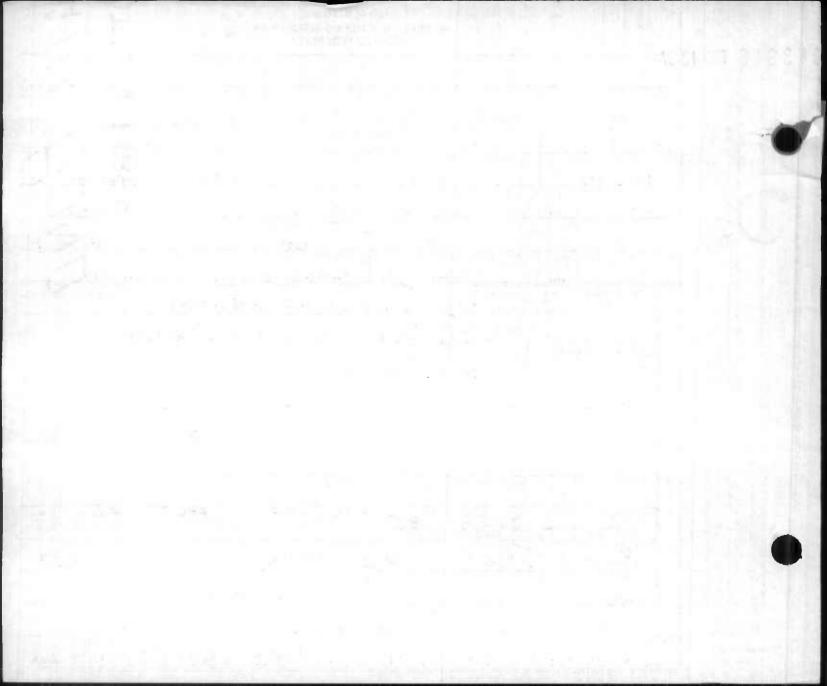
1 - STATE REGISTI	RAR		DEPARTM		EALTH AND ICATE OF I	MENTAL HYG DEATH	IENE 8	REG. NO.	U	3 0	U m
DECEASED	NAME FIRST	MIE	DDLE	l	AST		20. DATE OF		TH DA	YEAR	25 HOUR
(TYPE OR PRINT)	TENTA	man	**		TO THE STORY NO. 6	CTT)			C	0.7	0 50**
SEX	HERBE	4. RACE	Н.	5. DATE C	BREHM,	SR.	A AGE UNIVE	ARS LAST BIRTHDAY	N I IE	87 UNDER 1 YEAR	9 • 50P
, SEA		T. RACE		MONTH		YEAR	U. AOL INVI	AND END I DIN I I DIN I		NIHS DAYS	HOURS MIN.
	ALE	WHIC		12	1	24	62		YRS		
o. BIRTHPLACI	E (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 AARDIE	NEVER	MARRIED -	9. BALTIMOI	RE CITY OR CO	OYTHUC	FDEATH	
MARYLA	AND	U.S.A	A .	WIDOWE		VORCED	BA.	ltimore	Cour	ntv	M
	WN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	G HOME C			120 USUAL C	CCUPATION		126. KIND O	F BUSINESS OF
777	.C.13		ACILITY, GIVE STREET					FOR MOST OF WO	RKING LIFE	INDUSTRY	
BLOOR	NCE (IF NURSING HOME O		all Aven				Mach	inest	•	Calve	rt Dist
130. STATE	13b. COU		3c. CITY OR TOW		13d. INSIDE C	ITY LIMITS?	13e.STREET A	DDRESS / ZIP	CODE		
Maryla	and Bal	timore	Bloomfe	ld	YES 🗌	NO	1705	Hall A	ve.	212	27
4 FATHER'S N	IAME IRST	MIDDLE	LAST		15. MOTHER	S MAIDEN NA/	WE	WIDDLE		LAS	
	arlan	MIDDLE	Breh	(C)		Mary		WIDDLE			umskev
	EASED EVER IN U.S. AF	MED FORCES?	6b SOCIAL SECU		17. INFORMA			ADDRESS	-	3011	diiskey
IYES, NO OR		VE WAR OR DATES							_		
YES	S WW	II	218-18-	7604	Stel	la M. B	rehm 1	705 Hal	1 Ave		27 MATE INTERVAL ONSET AND DEATH
gave cause underly	ons, if any, which rise to immediate (a), stating the ring cause last	(b)	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE AS THE STATE OF THE STATE	NCE OF LEVY.	SiON NOT RELATED Slutes	obear		is and	LIF YES, V	VERE FINDING CAUSES	IGS USED
21a. ACC OR CONT	IDENT WAS UNDERLYING	21b. TIME OF HOUR A.M		YEAR	21c. HOW IN	IJURY OCCURR	RED (ENTER NA	TURE OF INJURY IN I	TEM IS PAR	I OR PART 2)	
~	ER NOTIFY MEDICAL EXAMINE			19							
WHILE AT WORK	URY OCCURRED NOT WHILE AT WORK	21e. PLACE OF	F INJURY T, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET			CITY OR TOWN		COUNTY	STATE
220.1 cer saw aba	rtify that (I) (this hasp the deceased alive lye, (I) (we) (d.d.) (did n	July	10 10 8		nd that in (my)	(aur) apinian	death accurre	FRIS 2	nd haur a	nd from the	
- 17	MATURE Y	Tarlor		MJ	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAFF		2/1 DATE	0/87
22d. PHY	SICIAN'S NAME (TYPE	OR PRINTY			22e ADDRES				_	1	1
Gr	regory Tayl	or, MD.			Leeds	s Medica	al Cent	ter			
	REMATION, REMOVAL	23b DATE	23c. N	IAME OF C	EMETERY OR	CREMATORY	23d LOCA				
(SPECIFY)	Burial	2/12/8	7 M	eadow	ridge i	Mem. Pk		ridge		ward	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNE FAIL DIFFETOR: All should be detached for use in with the State Dept. of Health IMPORTANT. If there 27 is that

THE PRINCE TO TH

750 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
FEB 1 1 1987 Julia Dividion Randole



	Page 4 may be	director page 3 ours ofter death	
MORE, MARYLAND 21201	executed within 24 hours Offer death.	ond completely filled in by the funeral pages I and 2 should be filed within 72	nedical examineralist be polified of the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	quires that the death certificate be	signed by the attending physician of the please remaye corbon papers. Proburial, cremation, or removal.	jury, or other troumatic event, the m
DIVISION OF VITAL RECOR	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the details are inficate be executed within 24 hours over death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove coban papers. Pages I and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner mist be notified if once.
	TO HOSPITAL Or	TO FUNERAL DI should be detach with the State De	IMPORTANT: # H

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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750. DATE REC'D BY REGISTRAR 756, REGISTRAR'S SIGNATURE
FEB 20 1987 Julia Decideon Ruidase

23	17	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	GIENE 8 /	0	3 5	U D	
		CEASED NAME OR PRINT) HEI	FIRST NRIETT		S.		EWBAKER	20 DATE OF DEATH	2 1]		26 HOUR 9:20P M	
	3. SE	FEMALE	4	White		S. DATE O		6. AGE (IN YEARS LAST BIR	_	ONIHS DAYS	IF UNDER 24 HRS	
5		RTHPLACE (STATE OR FO	OREIGN 71	U.S		MARRIE		9 BALTIMORE CITY O				
0		Baltimore		Augsb	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACULTY, GIVE STREET ADDRESS) OUTG Lutheran Home			170. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Adm. Asst. Table 1726 KIND OF BUSINESS OR INDUSTRY Education				
5	13a S	D	Balt	Υ	I3c CITY OR TOV Baltimo	NN	13d. INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS 6811 Camp	field	Rd. H	207	
C		Rudolph		DOLE	Schmit		Carole	MIDDLE		Persch		
		VAS DECEASED EVER II YES NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES!	524-28-		Chalmers B	rewbaker 53	Wets	sh., DO		
	z	Conditions, if ony, gove rise to imm couse (0), stoting underlying couse PART 2 OTHER SIGN	ediate the lost	DUE TO, OF		JENCE OF	NOT RELATED TO THE TERM	VIN AL DISEASE OR CON	DITION GIVE	N IN PART 110		
7	CERTIFICATION	190 DATE OF OPERAT		196 CONDI	TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH! YES \(\text{NO} \)		
7	MEDICAL CER	218. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH D	OAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	- hand			
	MEDI	21d INJURY OCCURRI	LE 🗍	21e. PLACE (OF INJURY EET FACTORY, OFFICE.	- 11	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	P	270 certify that (I) (sow the deceased above, (I) (we) (di 27b SIONATURE	d olive on	2/11	19_	87	nd that in (my) (our) opinion	deoth occurred on the de	ote and hour			
		1	ME (TYPE OR P	Lale	haui		ATTENDING PHYSICIAN TO ADDRESS	MEDICAL STAL		2/12	-187	
	22- 0	TASNE	EM LAK	CHANI, I		NAME OF C	7220 BALTI			NUE 21208		
	- (Burial, CREMATION, R SPECIFY) Burial JNERAL DIRECTOR J		2/13/	87 W	oodlav	EMETERY OR CREMATORY Vn Cem.	Baltimos E REC'D BY REGISTRAR		COUNTY	STATE	

5130 WI Ave. NW Wash. , DC 20016

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 20201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours attended by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the should be detached for use as the burial-transit permit. Then please, smark carbon papers. Pages 1 - de vian life thin with the State Dept. of Health and Mental Hygiene prior to burial. Exploition, for removal.	IMDORTANT, if her 2] is marked or feet 18 shows one injury or apply from other event the medical
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(VRA 15, 4)

	1					STATE	OF MARYLAND	_		and had				
		1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	0 /	0	30	0 6			
7621	IAD .	I' DEC	EASED NAME FIRST		MIDDLE		AST	REG. NO 2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR			
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poge 3		3. SE)		4 RACE	VV .	5. DATE C	dgman	& AGE (IN YEARS LAST BIR	HDAY) IF I	87	12:01 R			
of te						MONTH	DAY YEAR		MON	ITHS DAYS	HOURS MIN			
rect	_		emale	Whit	WHAT COUNTRY?	2	21 96	91 9 BALTIMORE CITY O	YRS	DEATH				
4/ TE	25		OUNTRY)			MARRIE								
4 11	5		aryland	USA		WIDOWE	DIVORCED DIVORCED	Baltimon			MD.			
Sed the		-	ockeysville		H FACILITY, GIVE STREET	ADDRESS)	rk Road	Homemake	F WORKING LIFE)	INDUSTRY	Home			
of B	2	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZID CODE					
24	5			timore	Cockeys	ville	YES NO M	13801 You	k Road	210	030			
祖 金	50	_	THER'S NAME	Latin 1			15. MOTHER'S MAIDEN NA	ME						
ornele v	10			0	lliams		Margar	retta S.	Brown	LAS	J			
sage sage	medico		(IF YES, G	IVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT							
on on o	Ĕ/		No No		220-44-1	L440	Eveleth W.	Bridgman	Jr. H	arwo	od, Md			
th certificate anding physic carbon papers of removal	játic event, t		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A COYE Cardiores Privatry Insufficiency days DUE TO, ONS A CONSEQUENCE OF Conditions, if ony, which (b) PEURIC ATTROOSE LEVOTE Cardiores Privatry Type Cardiores Privatry Card											
deo	Line I		Canditions, if any, which	(tb) 1	Jevere 1	ATHEN	oxlevaticlar	TIONOKULAN	Likax	- 400	ivs			
that the death	100		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	AS A CONSEQUE	1.0	rtem Deas	e						
en signed Then ple	injury, or	NOI	Orsanic Men	tal Jym	druve			INAL DISEASE OR CON	DITION GIVEN	IN PART 11	o			
he low ion. hos be	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO	206 IF YES, W IN CERTIFYIN YES	PERE FINDING CAUSES	NGS USED OF DEATH?			
hysici ronsi Hygi	8 0	CE	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)				
ICIA g pl g pl ertif iol-t	E	CAL	OR CONTRIBUTING CAUSE OF DE	AIRI		19								
3 PHYS	red or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY IEET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
O Aft	OE .			ortal) attended the	e deceased from_	7 31	85 19	10 2 12	7 19.	87	that (we) last			
CTOR.	n 21 is		22a I certify that 11 this hose sow the deceased alive of above (4) the (Cid) (did in	of) view the body	afte death.		d that in (m) (our) apinian	death accurred on the de	ite and haur ar	nd from the	causes stated			
y the horal DIRE	± :-	E	Jusan!	m. a	un MK)	ATTENDING PHYSICIAN	MEDICAL STAR DIRECTOR PHYSIC		a/a	27/87			
etoined b TO FUNE should be with the St	MPORTANT:		IN PISCIAN'S NAME (TYPE	M. Le	Puy M.	D.	22e ADDRESS Broadme	ad,Cockeys	/`sville,	Md.				
T = 15 %	S /	23a B	URIAL, CREMATION, REMOVA	23b. DATE	236 1	AME OF C	EMETERY OR CREMATORY	23d LOCATION	-	OUNTY	STATE			
BP			Burial	2-28	-87	Gree	n Mount	Balto.			Md.			
DHMH - 16 60M	7/B4	24 FL	NERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR	1		URE			
(VRA 15, 4)		L	Jenny W. Jen	kins &		. Ra	alto Mal MA	R O 2 1987 I	aulia d	dridge.	Readman			

Endown Jr. Her post Acide Carmentindus Insulfrações 1 topos Science Atmoorale who and was a few lives you will Linguay Arteny Doorse Sugar M LOA M. Fredmard, who wille, are.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

345992	11/4	R1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 /	0	3 0 0	1
			CEASED NAME	FIRST		MIDDLE	L	A51		MONTH DAY	YEAR 26 HOL	JR
3 55 4	1	(tire		Marvi	n N		BRO)CK	February	27_198	7 12.	15 M
1 82 1	0	3. SE			4 RACE	-	S. DATE C	F 8IRTH	6. AGE IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR IF UNDER	R 24 HR5
5 20	1		Male		White	9	Juni	e 27°1916 EAR	70	YRS.	NIHS DAYS HOURS	MIN.
ment for a 72 hosy	25	1	RTHPLACE (STATE OR FO	ia	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY C			MD
of the to	7		TY OR TOWN OF DEAT			HOSPITAL, NURSIN		or other institution	12a USUAL OCCUPAT	ION	126. KIND OF BUSINI	ess or
24 hour filled in hould be f	35	USU. 13a.	AL RESIDENCE (IF NURSIN TATE Maryland	ISB. COUN	other institution	GIVE RESIDENCE BEFORE MICHAEL R	iver	150 [] 110 []	13e.STREET ADDRESS	zip GODE	1 21220	
mpletey and 2 st	30	14. FA	THER'S NAME FIRST Prest	on i	rock	LAST		15. MOTHER'S MAIDEN NA. Stella	WE		IAST	
n and co	he medical		VAS DECEASED EVER II (ES. NO NUNKNOWN)		MED FORCES? E WAR OR DATES)	233 22 0		Mary Lee Bro	ck, Wife	San	ne	
icate i physicia properti emosoli		97.	18. CAUSE OF DEATH PART I. DEATH WA		ly ane cause per D BY: E CAUSE (a)	line for (a), (b), an	dico ulmona	arv Arrest			APPROXIMATE INTE	RVAL DEATH
1 4 100					DUE TO, O	R AS A CONSEQUI						4.0
1 1 1 1	y, or other traum		Conditions, if any,		(b)_	Sensis						
A Common of the			gave rise to imme cause (0), stating underlying cause		1	R AS A CONSEQUE		ncer				
A Paris			PART 2. OTHER SIGN	IFICANT C		710 000 000	10 001	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Q	Diffuse	intra	vascula	r coagula	ation	N WAS PERFORMED				
he low ion. has ber if permit	2	THECATION	9a DATE OF ÖPERATI	ÓN	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYII YES	VERE FINDINGS USE NG CAUSES OF DEAT NO [TH?
CIAN Deposit of physical conficulty and thyon and thyon are 18 d	9	AL CERT	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEA	TH HOUR A.	FINJURY M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TB PART	T OR PART 2)	
G PHYS otherdim ter this or as the bur sond Me shad or the	1	MEDIC	21d INJURY OCCURRE	D E \square	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTENDIN pital or TOR: All for use o of Health			220.1 certify that (*) (saw the decease abave, (*) (we) (di	this hospit	tal) ottended th	e deceased fram_ 27_19_	Febru 87 or	lary 14, 19 87 and that in (m/) (aur) opinion	, to Februa death occurred on the d	ny 27, 19 ate and hour a	87. that (we) last oted
新			226. SIGNATURE					DEGREE			22c. DATE SIGNED	
ALC	/		d	mu	1			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🔀	2/27/57	-
HOSPITA SINERA MIG be if In the Store PORTANT			22d. PHYSICIAN'S NA		R PRINT)			22e. ADDRESS				
O HO O PO Sould APOR	1		of)	M	u d	boun		9000 Frank	lin Square	Drive.	21237	1
25 2213		III B	URIAL, CREMATION, R	EMOVAL	3/2/8	7 Ga		EMETERY OR CREMATORY	23d. LOCATION		OUNTY S	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

3/2/87 Hruzdzinski Funeral Home PA 1407 Old Eastern Ave

Gardens of Faith

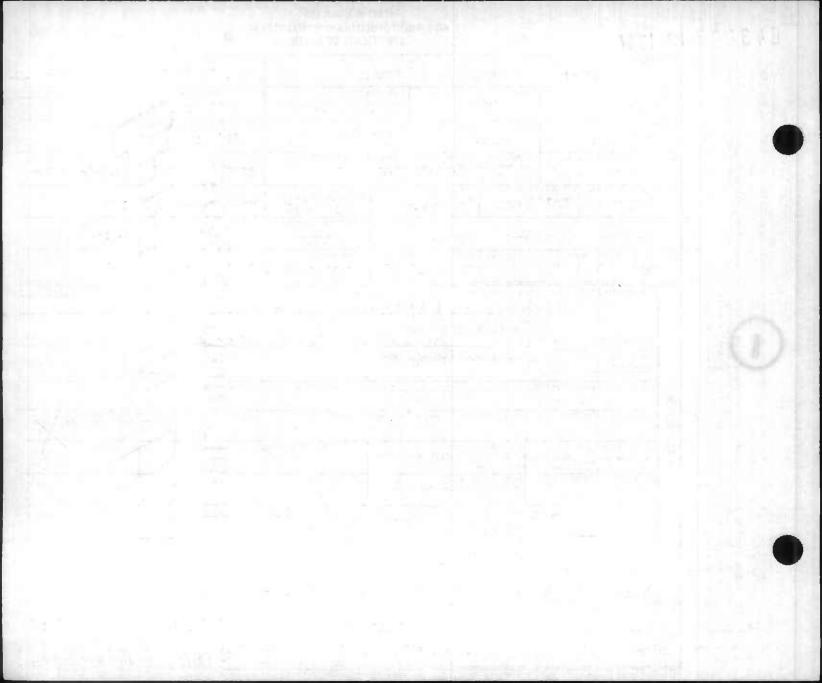
Baltimore Co., Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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white dune 27 1916 70 ex Adding and well dawn Acceptable 21237 Pracklin bq. complete delivery louis. Consider IN THE RESERVE OF A SEVEN MICHES PROMISED FRANCES allejs: 1000 223 22 2699 lary les 270c., Wife tree Seriem of Faits Elifern Ed. Mr.

043497	les.	FOR STATE 7 REGISTIAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 /	0 3	508
TAN-		CEASED NAME	FIRST		MIDDIE		AST	REG. No.	MONTH DAY Y	EAR 26 HOUR
y be 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(179)	Charle	es	Her	ry	Brov	m	Feb. 5, 19		2:20 a,m
ye 4 mo	1.5E	Male		RACE Whi	.te	S. DATE C	30,° 1905 AR	6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
		RTHPLACE (STATE OR FO		U.5	what country?	WIDOWE		Baltimore CITY O	County	MD.
1190	10 C	TOWSON	TH 1		HOSPITAL, NURSIN		Home	ASSEMBLY ME		hine Mfgr.
1 1 35	USU 13a.	at residence (# nursi Maryland	Balt		136 CITY OR TOW Eastwo	N_	13d. INSIDE CITY LIMITS?	7152 Gough	ZISEODE 2122	4
Andrew of the state of the stat	4 F	Charles	Her	nry DOIE	Brown		IS MOTHER'S MAIDEN NA Grace	WE	Dai	ley
MORE.	16a. \	VAS DECEASED EVER I		ED FORCES? WAR OR DATES)	218.18.		Mary Brown	(Wife) (Sar	ne as 13e)	
MOS. 201 W. PRESTON ST., requires that the death antition is signed by the attending p. Then piezue remention, or remaining, or other traumatic even	NOI	Conditions, if any, gove rise to imm couse (a), stating underlying cause	which ediate the last.	DUE TO, O	IR AS A CONSEQUE	ext NCE OF	el bed	Apre Ainal disease or con	DITION GIVEN IN PA	IRT 1(a
AL RECO	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES [USES OF DEATHS
DIVISION OF VITAL RECORDS, 201 TENDING PRYSICIAN The law induling the fool or other-ding physician. ORI. After this certificate has been righted to vive as the burial stooms permit. Then pleas if the other hand Mental Hygiere prior to burial. Is thanked or gen 18 shows any injury, or	MEDICAL CES	21a ACCIDENT WAS UNDO OR CONTRIBUTING C C (IF ETHER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOTIFY HOTO AT WORK NOTIFY HOTO Sow the decease	AUSE OF DEATH ALEXAMINER) ED ILE	21e PLACE (AT HOME ST	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE I	ARM ETC)	211 LOCATION STREET 19 10 d that in (my) (our opinion	city or to	wn coun	ity STATE
OSEITAL OR ATT flore by the houp: Flore Ball Differt. In the described to the State Option		obave, (I) (we) (d 27b. SIGNATURE	(did not)	By vi	FA/ 1	,	ATTENDING	MEDICAL STAI	FF 2	DATE SIGNED 2/5/1987
54 544	23a	BURIAL, CREMATION, F	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	236 LOCATION		
BP		Burial		2/7/19	987 0	ak Lar	n Cemetery	Baltimo		Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	Wa	uneral director alter Brook	s Brad	dley Ir	nc. Dunda	lk, M	2 21222	EB 6 1987		bon-Rudaes_



Proge 3. oy be

STATE OF MARYLAND

FEB 2						ICATE OF DEATH	B REG. N	U	3 6	0
FEB 2		EASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH		Y YEAR	26 HOUR
9	HYPE (OR PRINT)						4.0	1005	1:00
9	SEX	Helen	I RACE		5. DATE C	rown	6. AGE (IN YEARS LAST BIR		1987	IF UNDER 24 H
	347		4. RACE		3. DATE C		B. AGE (INTERRSTASI BI		ONTHS DAYS	HOURS M
	4	Female	Whi	te	0	1/05/13	74	YRS.		
100	BIR	THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
27	C	OUNTRY)					District V	(1)	7.	
20	t Cr	Maryland YOR TOWN OF DEATH	IISA III. NAME OF	HOSPITAL NURSIN	WIDOWE	OR OTHER INSTITUTION	Baltimor	ION	126 KIND O	F BUSINESS
11/1		Complete Complete Service		CH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST			. 500111200
8	-	Reisterstown	91	1 Shirley	Mano	r Rd	Bookkeer	er ·		
201	I L S	L RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION	13c. CITY OR TOW	AGMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
15		274	Baltimor						T-T	2109
the same	A FA	MD F THER'S NAME	SALELMOR	e Lurne	rviii	15. MOTHER'S MAIDEN NA	12 Night	Tudate	way	2.109
39	1	rwst	WIDDIE	LAST		FIRST	WIDDIE		LAS1	
10		Roman	Niec			Tda	Pel			
1		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	91	1 Shir	lev Ma	nor Ro
for		NO		105-14-	6918	Barbara Acke	rman Re	eisters	town M	D 21
2		18 CAUSE OF DEATH Enter o	nly one couse se	•						MATE INTERVAL
1	- 1	PART I. DEATH WAS CAUS	ED BY:	^ ^		0 00016			BEJWEEN	NOE! AND DEA
4		IMMEDIA	TE CAUSE (o)	rach 10 c	250.	CLINESN			Seco	13
ther trans		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUE	ENCE OF	Och I far	الم		10-5	inde
14.01		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 110	Imse
9	FICATION	Ne DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
	5 I		3 60 7005	SE INTUINA		In how himsy occurs	YES NO	YES		NO 🗌
=0	Ö	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RT = OR PART 2)	
17	3	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19					
1	MEDIC	214 INJURY OCCURRED		OF INJURY	5	21f. LOCATION	CITY OR TO	AWC	COUNTY	STATE
p .	ž	AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC }	SINEEL	CATORIC			SIAIL
0 0	- 1				3.60	1110 1086	10 FOL .	Q	. 37	1
#	- 1	22s.1 certify that (I) (this hosp	P - A	le deceased from 19 G				, 1		that (I) (Me)
- E		saw the deceased alive a abave, (1) (we) (dd) (did n	100	after death.	, 0	nd that in (my) (our) opinian	aeath accurred an the d	ate and haur	and from the	causes stated
P		17h DGNATURE	1 1			DEGREE			22c DATE:	SIGNED
Nem 2		MUDY1 IX	61, 11		()	ATTENDING	MEDICAL STA	FF CIAN []	12/21	200
Il hem 2			elle (1)	10		22e. ADDRESS	DIRECTOR PHISI	CIAN	MON	101
CME. II New 2		THE PHY ICIAN'S NAME THE	OR PRINT!							
STANE, il hem. 2		THE PHISICIAN'S NAME (TYPE	OR PRINT)			,	n ,	-		^
POSTANT: Il tem 2		THE SICIAN'S NAME (TYPE	BILL	معامل	no	678110.0	Carlox 5	F. To	0500.	and.
MPORTANE II Item 2	De B	URIAL, CREMATION, REMOVA	CR PRINT) BLUW L 123b. DATE	Joera Pisco	NAME OF C	670 NO.C	Carles 5	r. To	بدوكم	ma?
IMPORTANE; II hem 2	De B	Albert L				6701100	CITY OR TOWN	m. Bal	0500 ₄	md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The rationed by the hospital or offerding physicion.

100 F A FFO	FOR
TOU U DIEB	- STATE
142854	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

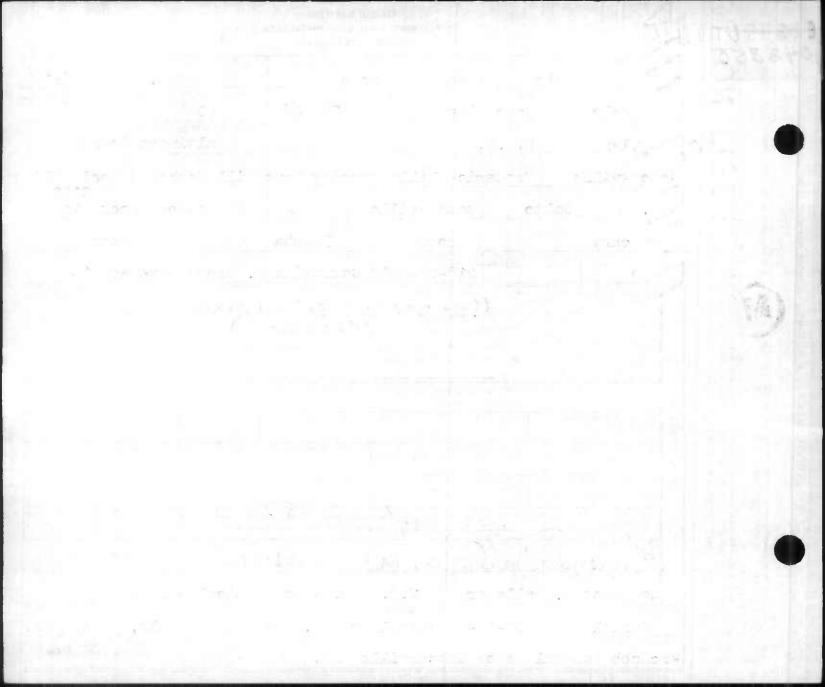
	8	7	0	3	0	1	1
	_	REG. NO).				
-	O.F.	DEATH					

1		CEASED NAME FIRST	,	MIDDLE	L	AST		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOU	R
Į	(ITPE	John		Keen Brown			Feb. 4 87 6:15 ^A					
1	3. SEX		4. RACE		S. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER	
1	33	Male	Cauca	sian	MONTH 8	28	606	80	YRS MON	HS DAYS	HOURS	MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN O			WHAT COUNTRY? 8. MARRIED X NEVER MARRIED .			9 BALTIMORE CITY OR COUNTY OF DEATH					
ı		aryland	WIDOWED DIVORCED			Balti	imore (ount	tу	MD.		
4	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOME OR OTHER INSTITUTION H FACILITY, GIVE STREET ADDRESS)				12a USUAL OCCUPATION		2b. KIND O	F BUSINE	SS OR
1		tonsville	Frede	rick Vil	lla N	Jursing	Home	Mill Wor	ker	Woo]		
	13e S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN. Bal	ITY	Catons	N	13d. INSIDE CITY L YES NO	IMITS?	13. STREET ADDRESS / 708 Meac	ZIP CODE low Bro	ook A	2122 Ave	8
J	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MA		AE MIDDLE		LAS		
1		Henry		Brown		Ber	tha	Mode	F	Ceen		
1	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE		44.4		
1		es, no or unknown) (if yes, giv	e All Ox DATES	218-07-	-3030	Cather	ine	M. Brown	Same a	e as #13		
1		18 CAUSE OF DEATH (Enter on	ly ane cause per	line for (a), (b), and	dici.i	,	1			BETWEEN	MATE INTER	VAL DEATH
1		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	upper g	astr	wintes	tina	el cancer				
1		DUE TO, OR AS A CONSEQUENCE OF (Carcinord)										
1		Conditions, if any, which (b)										
١		gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF										
-		underlying couse last (c)										
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION											
9	ICA	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES				
	RTIF		1 011 71115 0	ME OF INJURY 21c. HOW INJURY OCCUR				YES NO YES NO STEEL N				
d		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110.00	M. MONTH DAY YEAR				ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19	211 LOCATION						
1	MED	WHILE TO NOT WHILE TO		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET				CITY OR TO	WN	COUNTY	5	TATE
		AT WORK			,		6-7) 7 4	1	57		
1		220 certify that (I) (this hospi saw the deceased alive on	/	e deceased from	57	nd that in (my) (aur)	9 0 /	, to	, 19_	d from the	thot (I) (we) last
1		abyke, (I) (we) (did) (did not have the budy after death.								22c DATE		ned
		10 SOLVATORE	1120	(Inn -	A 4	DEGREE	NDING1	MEDICAL _ STAF		7 4	SIGNED	7
	1	PHYSICIAN DIRECTOR PHYSICIAN DIR							IAN []	7	0	
	m		-	, , , , , , , , , , , , , , , , , , ,	W D			Madian C	Jan tan			
4			Gallag		M.D.			Medical (enter.			
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREM		23d LOCATION CITY OR TOWN	ville,	OUNTY	3	KH2
		Burial INERAL DIRECTOR	02-0	7-07 pr	estra	awn Mem.						IVICE.
		NAME	l Uomo	Catons	arri 1 1	Le Md.	F F F	REC'D BY REGISTRAR	256 REGISTRAR	DSIGNAT	PRE	As .
	IVIa	.cNabb Funera	T Lowe	Catons	2 A TTT	re Ma.	1 has be	1001	ed .			

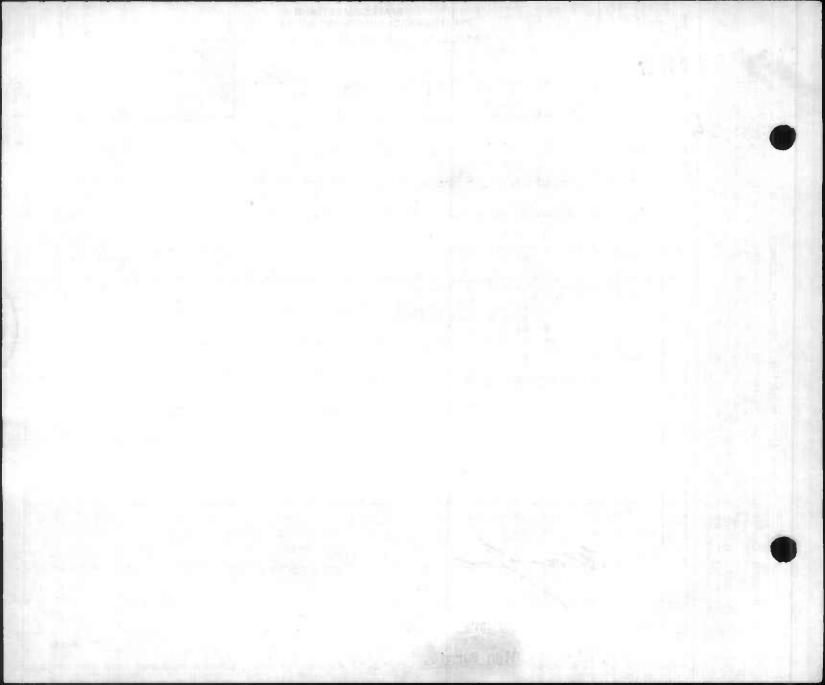
DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other treat TO FUNERAL DIRECTOR, after this certificate has been signed by the should be detached for use as the burial-transit permit. Then please may with the State Dept. of Health and Mental Hygiene prior to burial, crem



STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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NE	8	1	0	3	0	1	6
		REG NO					

	FEE	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / 0 3 6 1 2 REG. NO.											
		CEASED NAME E OR PRINT)	usann		MIDDLE				20 DATE OF DEATH MONTH TY YEAR 22 4 87					2:50 p.M
	3 SEX	x Female	4		e			1912	6. AGE (IN YEARS LAST	T BIRTHDAY)	IF UNDER	DATS	IF UNDER	24 HR5 MIN.
5		RTHPLACE (STATE ORFO		U.S.	AAADDIED NEVED AAADDIED			Baltimore County					MD	
0	Towson 204 W			CERTIFICATE OF DEATH REG. NO. 1851 MADDIE LIST BY MADDIE LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY LIST BY LIST BY LIST BY LIST BY LIST BY LIST BY BY BY BY BY BY BY BY BY B										
1	13a S		13b_COUNT	Y	13 CITY OR	TOWN					-	04		
2	14 FATHER'S NAME SIRST James			IDDLE					MIDDLI	E	T			
		WAS DECEASED EVER I			CIL STATE OF THE S									57
	A. A. A.	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which pediate g the	DUE TO, OF	RAS AZGHSI	ENCOO C	Juana)	Caucine	ma				
	NO	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR CO	ONDITION GI	VEN IN P	ART 110		
1	CERTIFICATION	190. DATE OF OPERAT	IÓN	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFO	RMED		IN CERTI	FYING C		OF DEAT	H?
7	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION												
	W	WHILE AT WORK NOT WHILE AT WORK 1990 Office of the deceased from 1990 of the lost (I) (this hospital) attended the deceased from 1990 of the lost (I) (we) lost												
,	100	The signature C. Sulliform M. M. Attending Mercal Staff Physician Degree P								_	DATE S		7	
/		Franci	ME (TYPE OR)	Gru	mbisi		27e ADDRES	101 IV.	. Charles	54	Bay	66.	212	4
		BURIAL, CREMATION, F (SPECIFY) Cremati		23b. DATE 2/5/87		Greenmo			23d LOCATION Baltii	nore	COUNTY	4	Mo	ď.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP

74 FUNERAL DIRECTOR
Mitchell-Wiedefeld

6500 York Rd. 21212 FEB

EB 6 1987

Francis (Secretary 200) - 25 miles 415 ell- iedelold | 6245 .d. 51215 .l. - [125 ellmay Seco

STATE OF MARYLAND

	1-	STATE REGISTRAR		UEPAKIM		ICATE OF DEATH	REG. N	0.	30	3 0
	1. DECEASED NAME FIRST		MIDDIE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	7 87	Marga	ret He	cet Helen		uckley	February	11,	1987	10:00a
	3 SEX	(4 RACE		S. DATE O		6 AGE IN YEARS LAST BIR	THDAY}	IF UNDER TYEAR	IF UNDER 24 HRS
	I	Female	Whit	e	01	- 15 - 92	95	YRS	MONTHS WATS	HOURS MIN.
7		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		Y OF DEATH	
5		altimore, MD	U.S.A.		WIDOW	D NEVER MARRIED K	Ba	1+im	ore Co	unty MD.
5		TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b KIND C	F BUSINESS OR
		Towson		H FACRITY, GIVE STREET A		rsing Cente	Teacher	F WORKING I	(FE) INDUSTRY	Schools
		AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				-	
2		aryland V	INTY	Baltim		YES E NO	5725 Falls	Rd.	21209	
1	A FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		1A	
	3		S	Buckley		Emma			Hors	eman
)	168 W	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR			
-		res. no or unknown) I if yes, G		220-44-	0879	Mrs. Patric	ia Evans	25 T∈		MATE INTERVAL ONSET AND DEATH
	NO	Canditions, if ony, which gave rise to immediate cause Iol, stafing the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)(DUE TO, OF	RAS A CONSEQUE	NCE OF	A		DITION GI	VEN IN PART II	yeus
-	CERTIFICATION	19a DATE OF OPERATION	ION FOR WHICH OPERATION WAS PERFORMED					S, WERE FINDI	NGS USED	
9	FIC	TALL OF GLEWING					YES NOT YES T			
-	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	F IN II IRY		1216 HOW IN HIRY OCCURE			- Land	NO []
	0	216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART LOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART LOR PART 2)								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P./ 21e. PLACE (19	211. LOCATION				
	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE
		220.1 certify that (1) Jhis has			VATA	19.85		7 11		that ((we) last
		saw the deceased alwe are the body after death. 19 \$7, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) [we) (did) (did not) view the body after death.								
	30	22b. SIGNATURE	DEGREE 226 DA							SIGNED
	-	Walter R	Well	und	MI	ATTENDING PHYSICIAN	MEDICAL STA		FER	11.1987
	-	226 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS VAZU	1 RD			
	4	Walter R. Wel	zant M.D			100 BA	TUKARE	Mo	2/2	12
		JURIAL, CREMATION, REMOVA			AME OF C	CEMETERY OR CREMATORY	23d LOCATION		I CHAITY	STATE
		Burial	2/13/	87 D	ruid	Ridge Cemeter				Md.
		JNERAL DIRECTOR				21204	E RECTZ. BY RECASTRAR	THUREGE	TRAK'S SIGNA	TURE
	P,	uck Towson Fun	eral Hom	e. The		York Rd. FED	10 001			

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR should be detached with the State Dent IMPORTANT. If Irem A CONTRACTOR OF THE STATE OF TH

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 OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificant the should be detached for use as the burial-transit with the State Dept. of Health and Mental Hyge MPORTANT: If Hem 21 is morked or Item

TO HOSPITAL

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by the attending physicion ase remove carbon popers. F., cremation, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	9	REG. NO.		
	ECEASED NAME	FIRST		AIDDLE	ι	AST	26. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
(14)	Mrs	. Th	elma E	lizabe'	th Bu	rger	F	February 2	1 1987	M
3. SI	EX	100	4. RACE		5. DATE C		6 AGE (INYE	ARS LAST BIRTHDAY)	MONTHS DATE	R IF UNDER 24 HRS
	Female		Caucasi	an	Apri	11 17 1915	71	Y	RS.	NOOKS MIKE
74.	BIRTHPLACE (STATE OR F	ORE IGN	76. CITIZEN OF	WHAT COUNTRY	2 8.	D NEVER MARRIED	9 BALTIMOI	RE CITY OR COU	NTY OF DEATH	
	Maryland	100	U.S.A.		WIDOWE			more Count	Су	MD.
)	CITY OR TOWN OF DEA	ĭΗ	LIF NOT IN SUC	OSPITAL, NURS H FACILITY, GIVE STREE IN NURSING	ET ADDRESS)	DR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKI		OF BUSINESS OR
13a	UAL RESIDENCE (# NURS STATE Maryland	13b. COUN Balti	TY	13c. CITÝ OR TO		13d. INSIDE CITY LIMITS? YES NO X		ADDRESS / ZIP C		21207
_	FATHER'S NAME	2.5				15. MOTHER'S MAIDEN N	AME			
	Walter Lowman	1	AIDDLE	LAST		Mary Elizab	eth (Uhkn	widdre		AST
_	WAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INTERMACTION C.		ADDRESS		21212
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-12	-7813	7013 Bellon	-	Balti	imore	Maryland
-	18. CAUSE OF DEATI	H (Enter on	v one couse ner			- 0				XIMATE INTERVAL
	PART 1. DEATH W	AS CAUSE	BY: E CAUSE (a)	1 . 45	-	Falling	0			
CERTIFICATION	PART 2. OTHER SIGN	VIFICANT C				NOT RELATED TO THE TER	MINAL DISEASE	PSY? 20b. I	F YES, WERE FIND	INGS USED
Ę							YES 🗌	NO IN C	ERTIFYING CAUSE YES	NO [
	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTERNA	TURE OF INJURY IN ITEA	w 18 PART T OR PART 2)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK		21e. PLACE	OF INJURY SEET, FACTORY, OFFICE	E, FARM, ETC }	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	226. I certify the discount of		- 477		X /V	nd that in (my) (our) opinio	. /			, that (I) (we) last the causes stated E SIGNED
4	22d. PHYSICIAN AND	AME (TOP)	10	roll	1	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL	STAFF PHYSICIAN	14	43/3)
	Dr. Ala	n Sho	rofsky	1						
	BURIAL, CREMATION, (SPECIFY) Cremati	.on	23b. DATE 2-23-	87 V	Vestvie	cemetery or crematory ew Crematory	Cato	nsville	Baltimo	
24	FUNERAL DIRECTOR I	oring	Byers	Funeral	Direct	tors, Inc 250 D	ATE REC'D. BY R	EGISTRAR 256. RE	GISTRAR'S SIGNA	TURE
	8728 Libert			llstown,		21133 FEI	B 2 3 19	8/ 4	Derivery. K	

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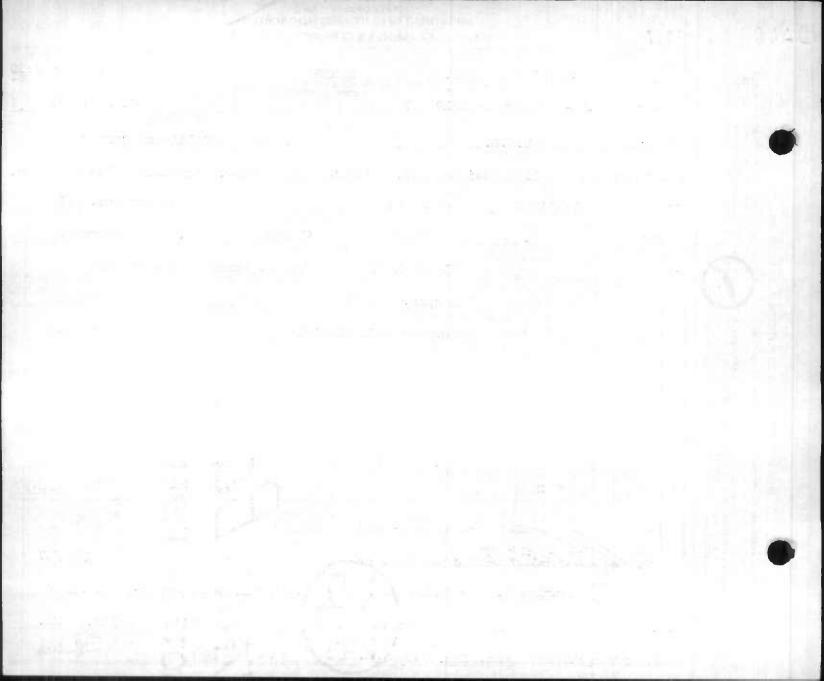
FEB 3 FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO

	OR PRINT)	GLADY	S	E.	BURNS	20 DATE KNOWN MONT OF ESTI- DEATH MATED TE	b. 18,19
SEX	4. R/		S. DATE OF BIRTH	6 AGE (IN YEARS	IF UNDER 1 YR. IF UNDER 2	4 HRS. 2c DATE MONTH	
rom.	ale W	nite	March 28	, 1919 67 YRS.	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD Fe	b.18,19
7a BIR	RTHPLACE (STATE C		76 CITIZEN OF W	HAT COUNTRYS 1		1 BALTIMORE CITY OR COLL	
	REIGN COUNTRY)				MARRIED NEVER MARRIE		011m t-11
lar 0 CII	yland YOR TOWN OF D	EATH		SPITAL, NURSING HOME, OF		12a USUAL OCCUPATION (TYPE OF WOR	K 12b KIND OF
				ACRITY, GIVE STREET ADDRESS)	27.220	FOR MOST OF WORKING LIFE)	OR IND
JSUA		NURSING HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION)		Exec. Secretary	Insura
30. ST	yland	Balti		Baltimore	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 1602 Register	Ave. 2
	THER'S NAME	Darti	MOTE	Darchiore	IS MOTHER'S MAIDEN	NAME	1170. 2
	FIRST		MIDDLE .	Butschky	Mildred	MIDDLE	Thornto
Hen	AS DECEASED EV	R IN U.S. ARM	ED FORCES?	166 SOCIAL SECURITY NO		ADDRESS	IIIOIIICO
	S, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	218-01-1073	Alfred E	. Burns - same as	#13e
No	18 CAUSE OF DE	ATH (Enter only	one cause per lin	e far (a), (b), and (c).)"	TELECO D		APPROX
	PARTIDEATH	WAS CALISED	BV	Pulmonary Emb	oli		Sudd
1	888	IMMEDIATE		R AS A CONSEQUENCE OF	OTT		Sude
	Conditions, if			Fractured lef	+ clavicle		9 da
	gave rise to		/ //-	R AS A CONSEQUENCE OF	r cravicie		- Jua
	lying cause lo		00210,01	AS A CONSEQUENCE OF			
	BART 2 OTHER CICHELL	ANT CONDITIONS OF	NITRIBUTING TO OF ATA	THE NATIONAL PROPERTY AND THE VERNINGS	OISEASE OR CONDITION GIVEN IN PART		
Z	TAKE 2 OTHER MONETO	ANI CONDITIONS CI	JAIKIBUIING TO UCAIL	BUT HUT KELATED TO THE TEXMINAL	NIZEWZE NK CONDILION GIAEN IN LAKI	1 (0)	
CERTIFICATION	19a DATE OF OPE	RATION	TI96 COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED?		20 AUTO
FIC.							YES
ERT	21a EXTERNAL CA	USE WAS	216 TIME O		16 HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART I OR	
ALC	UNDERLYING CONTRIBUTING			M. Feb. 9, 1987	Foll at LaC	ita Golf Course	
	214 INITIDY OCCI	DDED	21e PLACE	OF INJURY (AT HOME, 2	If. LOCATION		
DIC		T WHILE TE		CTORY, FARM, ETC.)	STREET	Titusville	COUNTY
MEDICAL	AT WORK AT	WORK	LOCA				
MEDIC	WHILE AT WORK AT		Lodg				
MEDIC	22a I certify the	t I toak charge	of the remains de	escribed above, held an	Autopsy , Inspection	X. Inquiry , ond in my	
MEDIC		t I toak charge	of the remains de		Hamicide .		
MEDIC	22a I certify the death resulted fr	t I toak charge	of the remains de	escribed above, held an	Homicide TITLE (SPECIFY)	X. Inquiry, ond in my Undetermined monner	apinion
MEDIC	220 I certify the death resulted fr	t I toak charge	of the remains de	escribed above, held an	Homicide TITLE (SPECIFY)	X. Inquiry , ond in my Undetermined monner .	apinion
	220 I certify the death resulted from the certification of the certifica	t I toak chorge	of the remains de	Accident . Suicide	Homicide TITLE (SPECIFY)	W. Inquiry , ond in my Undetermined monner . MEDICAL EXAMINER SIG	apinion EE 2/18 NED 2/18
	22a I certify the death resulted fr CTUAL CTUAL CEXAMINER'S NAM (TYPE OR PRINT)	Notwee E Charl	of the remoins de touses .	Accident . Sturide	Homicide TITLE (SPECIFY) ADDRESS 7501	MEDICAL EXAMINER Ond in my Undetermined monner MEDICAL EXAMINER DAT SIGN YORK Rd., TOWSON,	opinion E
23a. BU	220 I certify the death resulted fr CTUAL CTUAL EXAMINER'S NAM (TYPE OR PRINT) PRIAL, CREMATION PECIFY)	Notwee E Charl	es F. O	Donnell, M.D.	Homicide TITLE (SPECIFY) ADDRESS 7501 ERY OR CREMATORY	MEDICAL EXAMINER Work Rd., Towson,	apinion E
23a. Bu (SI	22a I certify the death resulted fr	Notwee E Charl	of the remoins de touses .	Donnell, M.D. 23c. NAME OF CEMENT	ADDRESS 7501	MEDICAL EXAMINER Work Rd., Towson, 123d, LOCATION CITYOTTOWN Ond in my Ond in my DAT SIG	apinion E 2/18 Md. 212 DUNITY Alto.,



STATE OF MARYLAND

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	REG. NO.			

30 MAR -9	17	STATE REGISTRAR	,		ERTIFICATE OF DEATH	REG. N	U 3 () ! 0
4.0		CEASED NAME FIRST	WIDDLE	^	LAST	20 DATE OF DEATH	MONTH DAY YEAR	
rage a moy be defector, page 3 thours after death	(1114)	TOA	C.	13	UROW	FEBRUA	RM 38. 198	7 4 A. W
bod er de	3. SE	х	4. RACE	5.	DATE OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER I VE	
director hours off	F	MALS	WHITS	1	MONTH DAY YEAR 1903	184	YRS	S HOURS MIN.
To Poor		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	ARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
nerol n 72 n 72 n 72	F	SOUNTRY)	1).S.A.		DIVORCED DIVORCED	BALTIM	YORE LOUR	TY MO
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING H	OME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126. KINE	OF BUSINESS OR
by the fulled with	Li	THERVILLE	1402 BE		A AVS.	AT HO	m c	ξT
de je		AL RESIDENCE (IF NURSING HOME TATE 1136 COL	OR OTHER INSTITUTION, GIVE RESIDER		ISSION)	? 13e STREET ADDRESS	/ 710 CODE	2.1093
ould b	3	ARYLAND RA	LT: mans Litt	145 RV	1	1602	BSLLONE	AVS
N S N	14. F	ATHER'S NAME	MITTINGE NOT	11212	15 MOTHER'S MAIDEN	NAME	Na-som	
3		C: COSU	WIDDLE	MS AC	5 MARI	WIDDLE	.Hs	MASI
E 8		WAS DECEASED EVER IN U.S.		IAL SECURIT	NO. 17 INFORMANT	ADDR	ESS	001 11111
g 9	(YES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	560	339 FAMIL	y RECOR	05	
14		LA CALISE OF DEATH (Fotor)	only one couse per line for iq				APPR	OXIMATE INTERVAL EN ONSET AND DEATH
100		PART I. DEATH WAS CAUS	SED BY: 4 1	0110	alexatic (and Dem	Larlar	a onset kno penii.
0 0 0		IMMEDI	IATE CAUSE (o)	<u></u>		0	isease.	
0 0		Conditions, if any, which	DUE TO, OR AS A CO	ONSEQUENC	E OF	\sim	i score.	
E 2		gave rise to immediate	(b)					
or other		couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	NSEQUENC	E OF			
	\mathbb{H}	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEA	TH BUT NOT RELATED TO THE T	SPANINAL DISEASE OF COL	IDITION GIVEN IN PART	lio
to bu	Z	AN	TINA POC	FOR 1	Vinal	Stadie	we.	****
prior i	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	R WHICH OP	RATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
8 3	IFIC					YES TO NOT	YES	SES OF DEATH?
8 sho	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21E. HOW INJURY OCC	URRED (ENTER NATURE OF INJ		
- 7		OR CONTRIBUTING CAUSE OF E	DEATH	VTH DAY				
s Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATED TO THE PROPERTY OF THE PR	P.M. 21e PLACE OF INJURY	Y	19 211 LOCATION			
	ME	WHILE O NOT WHILE O	(AT HOME, STREET, FACTOR			CITY OR I	YINUO) NWC	STATE
morked		220-1 certify that (I) (this has	raital) attanded the decorre	d tran		, to		_ that (1) (we) lost
of He		sow the deceased alive	on	19	ond that in (my) (our) opin			
		obove, (I) (we) (did) (did 22b. SIGNATURE	not) view the body ofter deat	th.	DEGREE			TE SIGNED
<u> </u>		THE STORES ON	4/1		ALL ATTENDING	G _ MEDICAL _ STA	AFF	TE SIGNED
MATHER Store		22d. PHYSICIAN'S NAME (TYPE	JIDAN		PHYSICIAN	DIRECTOR PHYS	CIAN	
RTA		220. PHISICIAN SNAME (IVE	E ORPRINT)			0	01	
N P D		DR-SRIC	1-1842R		11900 EA	STIORT	HERD P.K	1.W.T.
- =/		BURIAL, CREMATION, REMOVA		23c. NAA	E OF CEMETERY OR CREMATO	236 LOCATION	COUNTY	STATE
	L	REMATION	3 2 198	1 GR	Involinse	BALTIC	JORE	TARYLAN
4 AOM 7/84	24. F	UNERAL DIRECTOR		1	JORK ROAD 250	DATE REC'D. BY REGISTRA	256 REGISTRAR'S SIGN	ATURE

(VRA 15, 4)

EVANS CHAPELOF CHIMES 2325

MAR 0 5 987



	STATE OF MARYLAND			
R	DEPARTMENT OF HEALTH AND MENT			
ATE	CERTIFICATE OF DEAT			

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REG. NO.					

	CEASED NAME FOR PRINT)	lenry	M ^	BURTO	NC	LAST	February 24	1987 YEAR 25 HOU 6:38
3. SE	x	- 1	RACE White		5. DATE O		6. AGE (IN YEARS LAST BIRTHDA	
la. BI	IRTHPLACE (STATE OR I COUNTRY) arvland		USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OR C	
	ity ör town of DEA osedale			OSPITAL, NURSIN H FACILITY, GIVE STREET Ln Square		ital	Supervisor	126 KIND OF BUSINE
130 5	ALRESIDENCE (# NURS STATE arvland	136 COUNT Balti	TY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Dundalk	/N	13d INSIDE CITY LIMITS? YES NO 🗽	13e STREET ADDRESS / ZI 7954 St. Bri	PCODE dget Ln 21222
14. FA	athér's name enry	Edwä		Burton		Virginia		Falls
(WAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	219-50-6		17 INFORMANT Towanta J. B	address urton same	as 13e
	PART I. DEATH W Conditions, if ony, gave rise to imm	IMMEDIATE , which mediate	DUE TO ACT	ukemia ufet CRESPI	fra ebr	Arrest Chroni ry Distress Sy		APPROXIMATE INTER BETWEEN ONSET AND
	Canditians, if any, gave rise to improve (a), stating underlying cause	, which mediate ag the last.	DUE TO, OF	UKEMIA UFT CRESPI RAS A CONSEQUI	Fra Cor		/ndrome	
IFICATION	Canditians, if any, gave rise to improve (a), stating underlying cause	, which mediate and the last.	DUE TO ONDITIONS CO	UKEMTA LATE CRESOU RAS A CONSEQUE DITRIBUTING TO E	FY & COY	ry Distress Sy	/ndrome AINAL DISEASE OR CONDITI	ON GIVEN IN PART TO III. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEAT
CAL CERTIFICATION	Conditions, if ony, gove rise to imr couse (a), statin underlying couse	, which mediate may the last. NIFICANT CO	DUE TO, OF ONDITIONS CO	Whem ia WATE CRESON AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	FY & COY	NOT RELATED TO THE TERM	Indrome	ON GIVEN IN PART TO IN IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), statist underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDIT WHILE NOTHY MEDIT WHILE NOTHY MEDIT WAT WORK AND	, which mediate may the last. NIFICANT CO	DUE TO A OF T	Whem in a Consequence of the Cresoval Consequence of the Consequence o	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, EIC)	NOT RELATED TO THE TERM IN WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET	AINAL DISEASE OR CONDITI 200 AUTOPSY? YES NOTER NATURE OF INJURY IN CITY OR TOWN	ON GIVEN IN PART 110 ON GIVEN IN PART 110 III. IF YES, WERE FINDINGS USED A CERTIFYING CAUSES OF DEAT YES NO CHIEM IS PART 1 OR PART 2) COUNTY 5
	Conditions, if ony, gove rise to imm couse (a), statiff underlying cause PART 2 OTHER SIGN 198 DATE OF OPERA 218. ACCIDENT WAS UNIOR CONTRIBUTING [1] (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR! WHILE NOTIFY NOTIFY WHILE	MMEDIATE , which mediate ng the e last. NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER) RED HILE (this hospite ed alive and did) (and 1)	DUE TO ABLE (b) DUE TO ABLE (c) ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE ([AT HOME. STR	Whem ia LAFTE CRESOUN R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DE INJURY BEIL FACTORY, OFFICE, F deceosed from W	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.) Januar 87. 0	NOT RELATED TO THE TERM IN WAS PERFORMED 211 LOCATION STREET Y 13, 19 87	AINAL DISEASE OR CONDITI 200 AUTOPSY? YES NOT	ON GIVEN IN PART 110 10. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO COUNTY S COUNTY S 20c DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

NAME
Duda-Ruck, Inc. 7922 Wise Ave Balto Md 21222

250 DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE

COLUMN TO THE PERSON OF T

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1	3	~	4
6 -	-		

	1 05	CE ACED MANE	FIRST		MIDDLE		TZA	REG. I		DAY	YEAR	
		CEASED NAME E OR PRINT)			MIDDLE			70. DATE OF DEATH				26 HOUR
			HAROL				BUTLER		02	06	187	2:38
	3. SE		1	RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST B	IRTHDAY)	MON1H5	RIYEAR	HOURS M
		MALE		WHI	TE	MAY	17, 1930	56	YRS			
15		IRTHPLACE (STATE OF	R FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DE	ATH	
10		PENNSYLVA	NIA		USA	WIDOWE		BALTIM	ORE	COUN	ITY	
3	10 CI	TOWSON	ATH 1				OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST MANAGE	OF WORKING	LIFE) IND	USTRY	BUSINESS
1		AL RESIDENCE IF NUI	RSING HOME OR C		GIVE RESIDENCE BEFORE		A 124 INISIDE CITY HAAITS?	13e.STREET ADDRESS	/ 7IP CO	ne i	#2120	08
5		RYLAND		IMORE	BALTIMOR	ŘĚ	YES NO PA	25 WARREN	PARK	DR.	, AP	Γ. A-2
50	14. FA	ATHER'S NAME					15. MOTHER'S MAIDEN NA					
W)	MORRIS			IDDIE	BUTLER		ANNA	MIDDLE			7. T MMI	ERMAN
0 /	MURKIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES			ED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDI	RESS		#212	
Je die		YES, NO OR UNKNOWN)		WAR OR DATES)	212-28-8		MIDGE BUTLER	25 WADDEN	DADV			
E	_	NU			1212-20-0	3190	MIDGE DUILER	25 WARREN	PARK			AATE INTERVAL NSET AND DEA
or other troumatic		Conditions, if on gove rise to in couse (o), stat underlying cous	nmediote ing the ie last.	(c)	R AS A CONSEQUI	ence of						
injury, ar otner troumatic	NOIL	gove rise to in couse (o), state underlying couse PART 2 OTHER SIG	nmediate ing the se last.	DUE TO, CO	ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM					
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE
CERTIFICATE OF DEATH	

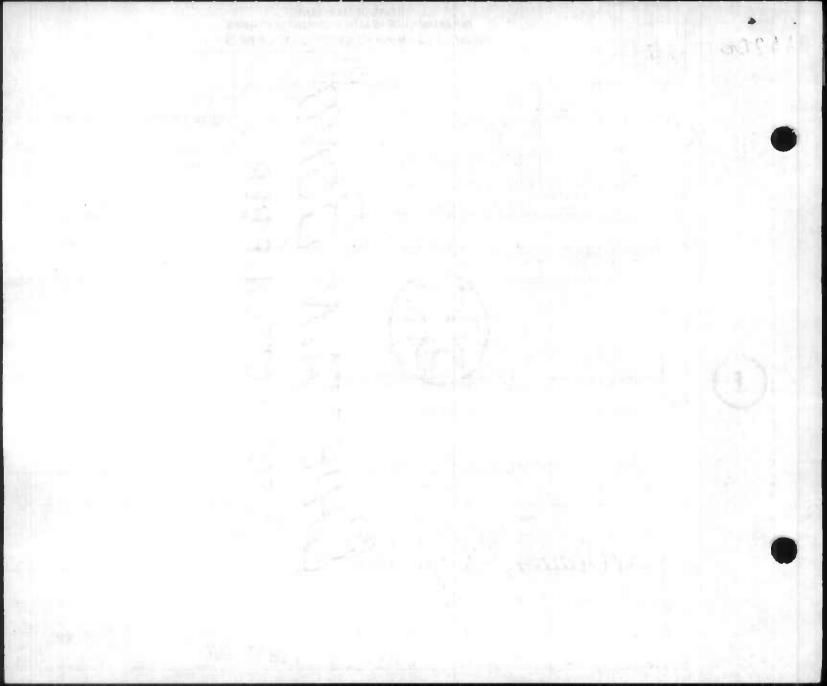
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	STATE REGISTRAR			CATE OF DEATH	8 REG. NO.	0 3 5	1 9	
	CEASED NAME OR PRINT) MATIL	DA ELIZABI	ETH "	BUTLER	FEB. 14,	1987	11;58	
1. SEX		4. RACE	5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	IF UNDER 24 HR	
	FEMALE	WHITE	5/2	9/04	82	YRS.		
_ cc	THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	RY? 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH		
	Y OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NUR	WIDOWE		BALTI			
	GLYNDON	4242 BUTLER	ROAD	K OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Hous		OF BUSINESS (
IJa: 57	100 000		NWC	130. INSIDE CITY LIMITS?	130.STREET ADDRESS / 14242 But	ZIP CODE LER ROAD	21071	
14. FAT	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE	LA	i.	
	JOSEPH J.	KARDIAN		MATIL	A A.	MALICER		
	'AS DECEASED EVER IN U.S. AR	E WAR OR DATES)		17 INFORMANT	ADDRES	S	154	
	No	231-2	0-9814	DR. HARRY	G. BUTLER		MATE INTERVAL	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSECT TO	QUENCE OF	ssure hyd	receptal			
8	PART 2 OTHER SIGNIFICANT C	196 CONDITION FOR WHI			20a AUTOPSÝ?	20b. IF YES, WERE FINDII IN CERTIFYING CAUSES	NGS USED	
Ē.		3		Tax	YES NO	YES 🗌	NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	(N ITEM 18 PART) OR PART ?)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC]	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE	
Ιſ	27a.1 certify that (1) (this hospital) attended the deceased from							
Ιl	sow the deceased alive on							
11	276. SIGNATURE	E. Brutley,	4.D.		MEDICAL STAFF DIRECTOR PHYSICIA	an \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SIGNED	
Ш	220 PHYSICIAN'S NAME (1YPEO	E. BUTLE	ER, M.D.	4242 BUT	LER RD.	GLYNDON,	MD 21	
73n. Bt	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	COUNTY		
	BURIAL	2/18/87	GARRIS	ON FOREST	VA. OWING	S MILLS.	MD.	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

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on, or removol.

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requires that the death certificate be

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

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etoined by the hospital or attending physician

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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			FRANK	R	. E	BUTTON						М
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1						? B	NEVER MARRIED	The second secon				
4		New Jers	ey	U.S	.A.			Baltimor	re C	ounty		MD.
J			ATH	11. NAME OF I	HOSPITAL, NURS	ING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON OF WORKING	12b. KIND O	F BUSINI	ESS OR
2		Towson		612 Co	ventry F	Road,	21204	Vice Pres.	. Dry	den Oil	Comp	any
							1134 INSIDE CITY HAITS?	13e STREET ADDRESS	ZIP CO	DE		
)	M	aryland	Balt	imore	Towson	1	v	612 Covent	ry R	d, 21204	1	
1	14. FA			MIDDLE	TAST					_ 145	1 -	
		William		В	utton		Isabel	MIDDLE		Cro	oke	
٦			R IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	ESS			
1	{Y	YES. HE'S UNKNOWN)	WW.	TT OR DATES	154-03-	8285	Mrs. Constanc	ce L. Buttor	ı, sa	me as #1	.3e	
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		PART I. DEATH					- Cu	Carringon	2.0			
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4				1000 10,0	R AS A CONSEQU	OENCE OF				- CE		
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	ICA					19						
	MED					E FARM ETC)		CITY OR TO)WN	COUNTY		STATE
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	-10	220 certify that	l) (this hospi	tol) ottended th	e deceased from	7	19 06		121	. 19 7	that (I) (we) lost
		sow the deceo	sed alive on	A) was the back	2/17/19	37	nd that in (my) (our) opinion	death occurred on the d	ote and h	our and from the	couses st	oted
		22b. SIGNATURE	did / did iid	1) view the body	offer peoffi.		DEGREE			22c. DATE	SIGNED	1
				-1/-		M	ATTENDING	CMEDICAL STA	FF _	1 2	lau	187
4	-	and Dulye Change h	ans	77		///		DIRECTOR PHYSIC	. IAN [1 ~	7	101
								rial Hosnit	- 2]	100.00		
		Dav	/IS na	im, M.D	•		Uniton Menio	riai nospit	.aı			
	23a. B	BURIAL, CREMATION	, REMOVAL	236. DATE	230	NAME OF	EMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE
	(Cremation	n	2-23-	87 W	Vestvi	ew Crematory	Baltir	noro	Marylar		TATE
	_	UNERAL DIRECTOR	STORE	1				TE REC'D. BY REGISTRAR	25h REGI	STRAR'S SIGNAT	LIRE	A
	Ru	Ck TOWERD	Funo-	al Homo	ADDRESS	050 You	ric Inc.	FB 2 6 1987	Chi	lia Dender	7. 7.30	date
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificals the should be detached for use as the burral-training with the State Dept. of Health and Mental Hydriens. IMPORTANT: If them 21 is marked at them 18 shows

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rector, page 3 urs after death

hours after death. Page 4 may be

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 / REG. NO.	0	3	Ó	2	6
TE OF DEATH HOUSE	DAY	V /	0.4.7	01 110110	

1	- STATE	DEPARTA		GIENE 8 / O	3 0 2 2
7	REGISTRAR			REG. NO.	
		WIODLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(111	JOSEPH	A. (CADDEN	FEB.17	,1987 M
3 SE	X 4. RACE	THAS! MODIE 1. DATE OF BIRTH 1. NAME OF HOSPITAL NURSING HOME OF BIRTH MIDOWED D MORCED MIDOWED D	IF UNDER 1 YEAR IF UNDER 24 HRS		
	MALE		MONTHS DAYS HOURS MIN.		
7o. B	IRTHPLACE (STATE OR FOREIGN 76. CITIZE	N OF WHAT COUNTRY?	8 PAISVED WARDIED T	9 BALTIMORE CITY OR COUNTY	OF DEATH
B	ALTO. CITY MD. U	.S.A.		BALTO. COL	INTY MD.
10. 0					126 KIND OF BUSINESS OR
7	Imovium 23	OF INSUCH FACILITY, GIVE STREET	OKAN RI)	MERCHANT. SE	AMAN
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130	MO. BALTO.			2307 KILLO	PAN PD
14 F		- 4407	15 MOTHER'S MAIDEN NA		
	EDGER MIDDLE	CADDE	MARY	7.	SWCK
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ATIO	19a DATE OF UP MATTEN	CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	. WERE FINDINGS USED
FI	11/800	1		IN CERTIF	YING CAUSES OF DEATH?
ERT	21. ACCIDENT WAS LINDERLYING TO 1216	TIME OF ILLING	1214 HOW IN HIPV OCCUP		
			AY YEAR	TENTER NATURE OF INJURY IN TEM 18	ART (OR PART 2)
OA			184		
AED.	(ATH	OME, STREET, F. RY-OFRIGE, F.		CITE OF JOHN	COUNTY STATE
	AT WORK AT WORK	1 101	2	2/12	07
		CERTIFICATE OF DEATH REG NO NAME 1851 ANDOLE ANDO			/
	above, (I) (we) fold) (did not) view th	body after death	, and that int my tour someon	death occurred in the dute and how	
	22b. SIGNATURE	11/	DEGREE	/	IN DAY SIGNED
	1 aprile	M >	Now Changistern !	DIRECTOR D PHYSICIAN	0/19/01
	22d. PHYSICIAN'S NAME (TYPE OF PRINT)	4	11 ADDRESS		71/10/
	KONALD BROAT	MATER			1 11
730	BURIAL, CREMATION, REMOVAL 236, D.	ATE 123, N	NAME OF CEMETERY OR CREMATORY	123d. LOCATION	
	1591011P1A1 7-	20-1987 PA	ARKLINOD CEM.	050 98 19WN VON 1	BOUNTY (B. SIAT)
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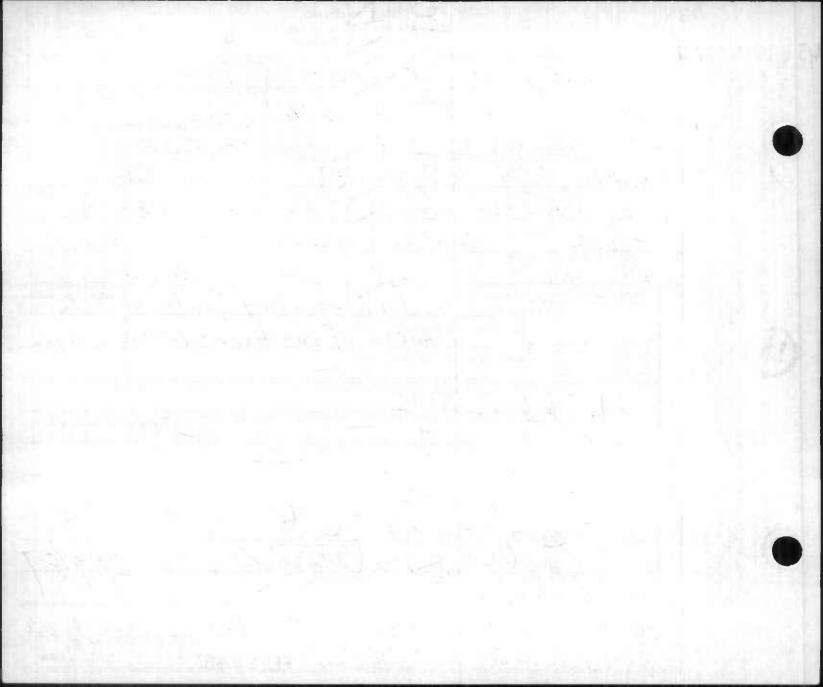
DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fundral directions should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages Rand 2 should be filled within 12 tight with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event, the medical

TIMONIUM FEB 26 1987 Julia Milan Badana



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executed within 24 hours after death. Page 4

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- STATE	
REGISTRAR	CERTIFICATE OF DEATH

8	REG. NO.	0	3	6	2	S
_			-			-

, 7		rances Therese		20 DATE OF DEATH MONTH	1/87 YEAR 25. HOUR
1	Female	White	DATE OF BIRTH MONT 4/16/1898	6 AGE (IN YEARS LAST BIRTHDAY) 88 YR.	
3	Maryland	1154	MARRIED NEVER MARRIED	Baltimore city or country or coun	
5	Baltimore Vi	1. NAME OF HOSPITAL, NURSING H (IENOT IN SUCH FACILITY, GIVE STREET ADDR LLLA Assumpta,		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING S Teacher	G LIFE 176 KIND OF BUSINES INDUSTRY Educat:
5	SUAL RESIDENCE (IF NURSING HOME OR O' 36 STATE 136 COUNT Maryland Balt		YES NO XX	6401 N. Char	rles St.
3/1	Matthew Campbe		Sarah Co	onroy	TAST
1 16	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE W	VAP OR DATEST	001 S. Angeline	ADDRESS SE	ame
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ASCUD		APPROXIMATE INTERV.
		DUDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	nal disease or condition	GIVEN IN PART I/a
2	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OP	eration was performed	20a AUTOPSY? 20b IF IN CEF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
100	OR CONTRIBUTION C CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19 21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM.		CITY OR TOWN	COUNTY STAT
	22a I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	Feb. 1 19 87		eath accurred an the date and i	
	22b. SIGNATURE	van)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/2/87
	Dr. Tawrence	ce Boas, M. D.	27e ADDRESS 54 Scott Ac	lam Rd., Cocke	everille2107
1	21. 20112 0110			<u> </u>	
+			NE OF CEMETERY OR CREMATORY A Maria Cemeter	<u> </u>	

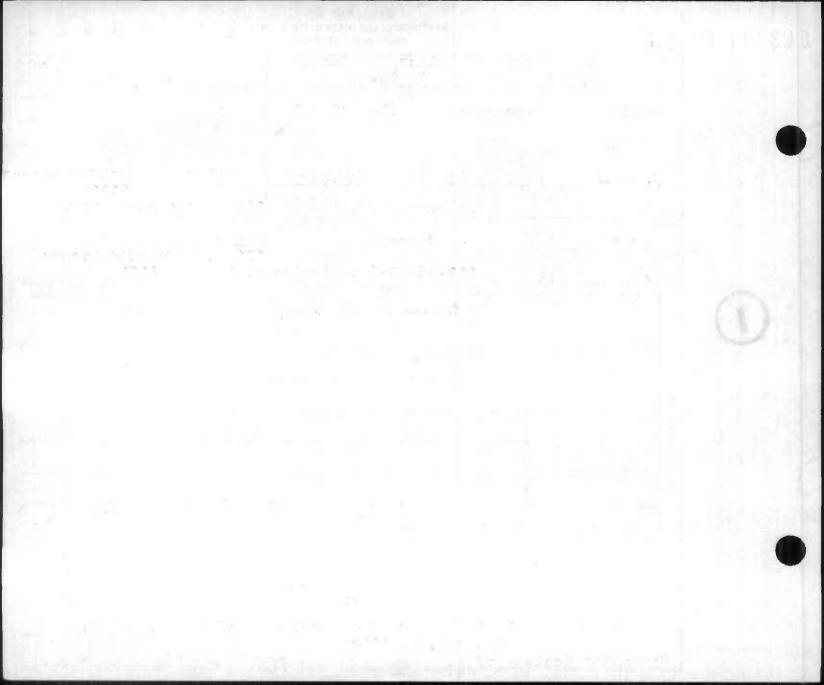
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Mitchell-Wiedefld Home 6500 York Road 21212

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1	FOR - STATE	DEP	ARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	IENE 8 7	0	3 6	2 5
1.00	REGISTRAR ECEASED NAME FIRST	MIDDLE		ASI	REG. NO		YEAR	In many
+44	FANN							8:57P
3 SE	X	4 RACE	S. DATE O	DATE OF BIRTH MAUG. 26,1901* ARRIED NEVER MARRIED BALTIMORE CITY OF COUNTY OF DEATH DOWED DEATH BALTIMORE COUNTY OME OR OTHER INSTITUTION 120 USUAL OCCUPATION (1YPE OF HOUSEWIFE INDICATE INDICAT	IF UNDER 24 HRS			
/	FEMALE	CAUCASIAN	"AT	JG. 26,1901°	85		NTHS: DAYS	HOURS MIN.
7a B	RUSSIA	76 CITIZEN OF WHAT COUNT USA	MARRIE	.V.V				MD.
	BALTIMORE	(IF NOT IN SUCH EACHITY, GIVE S 130 SLADE A	VE., APT					
130		NTY 13c. CITY OR		YES NO X	130 SLADE		PT. 31	12 (21206
14 F	ATHER'S NAME DAVID	TREPOLSKY AST		FIRSTIDA	MIDDLE	3 MITTER CL		
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		6-8846A	17 11 11 11 11 11 11 11				
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSI		NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN	IN PART 110	3
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	V IN ITEM 18 PART	T OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	21f LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
	220.1 certify that (1) (this hosp sow the deceased dive on abave, (1) (we) (did) (did no 22b. SIGNATURE	-11	1967,0	nd that in (my) (aur) opinian	death occurred on the da	2 - 7, 19 te and haur o		
	226 PHYSICIAN'S NAME (TYPE O	U Juliu	1	ATTENDING	MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗌	2/	987
20	DR. JEROME	236 DATE COLI		1777 REIST	ERSTOWN RD.	BALT	O.,MD	Page 1

DHMH - 16 60M 7/84

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TO FUNERAL DIRECTOR. After this certificate has been signed by, the attending physicior should be detached for use as the burial-transit permit. Then please remove garban papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or the resilient injury, or other traumotic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

(VRA 15, 4)

FEB.11,1987 24. FUNERAL DIRECTOR

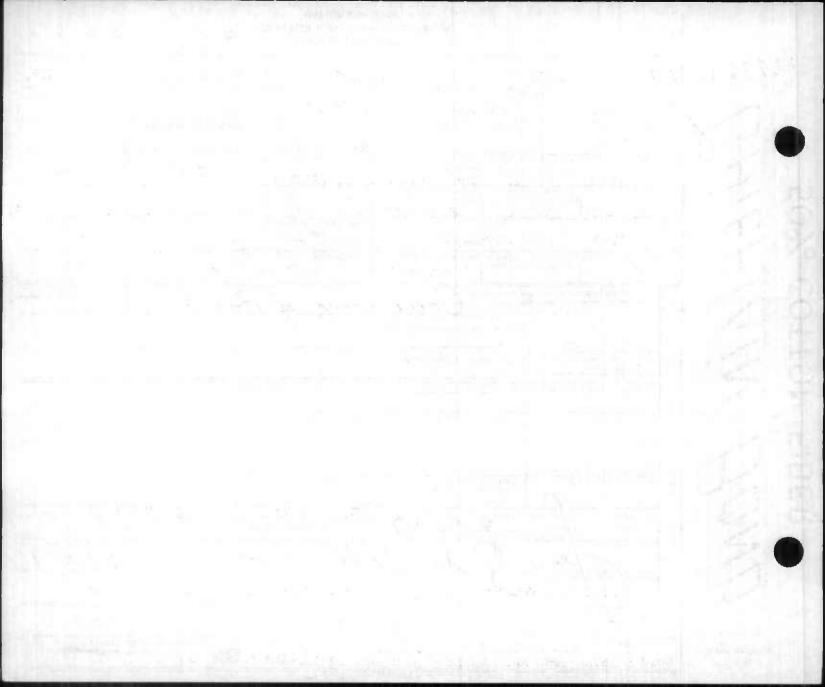
BETH TFILOH

BALTIMORE

MARYLAND

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

Law Funeral Home 4611 Park Heights Ave

23b. DATE

236. BURIAL, CREMATION, REMOVAL

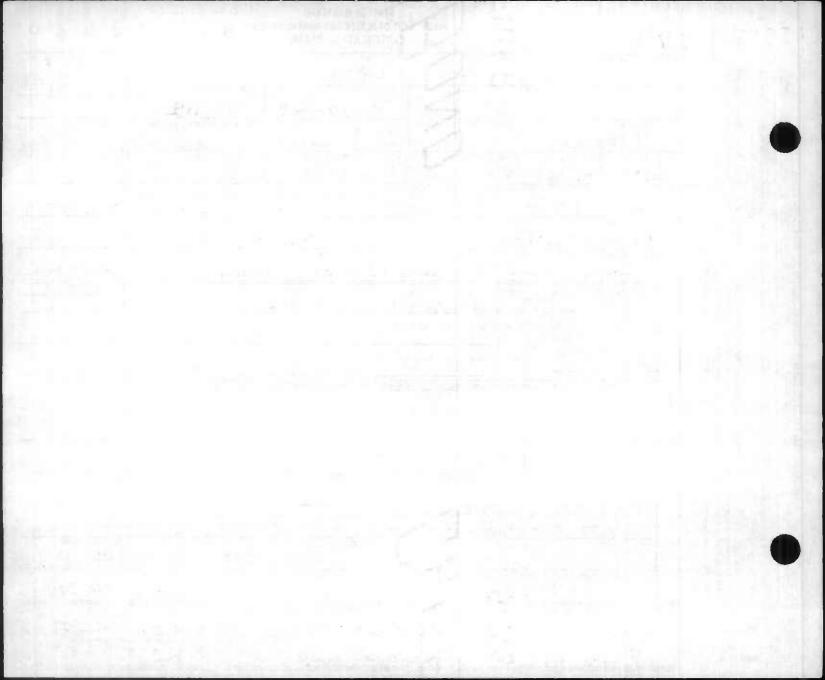
(SPECIFY)

Burial 24 FUNERAL DIRECTOR

Baltimore, Woodlawn Cemetery 250. DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md 21207

CITY OF TOWN



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that retained by the hospital or attending physician.

10-	1		STATE OF MARYLAND
013373 FE	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT
	1. DECEASED NAME FI	RST MIDDLE	LAST

TAL HYGIENE TH

Š	1		
	PEC-	NO	

250. DATE OF C.D. BY PEGISTRAS ENGUENTED

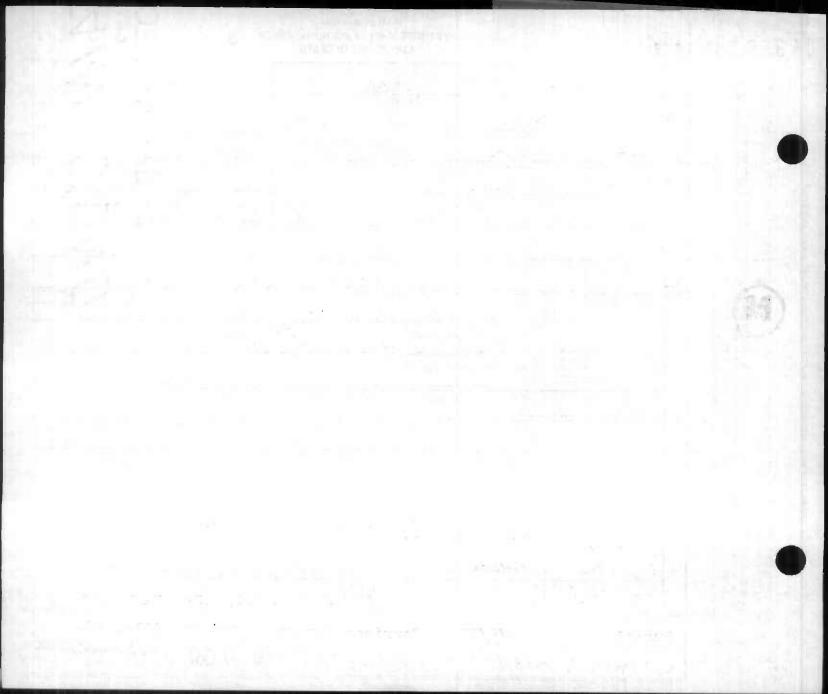
3 0

	TTPE	OR PRINT)	SIMON	PETER	CART	ER	FEBRUARY 3.	1987		8:34P	
	3. SE:	(4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDA		JNDER I YEAR	IF UNDER 24	
	MZ	LE	BLACE	7	MONT	H DAY YEAR	-	MON	THS DAYS	HOURS .	
40		RTHPLACE (STATE OR FO		OF WHAT COUNTRY?	JAIN	UARY 23, 1912	75 9. BALTIMORE CITY OR C	YRS	DEATH		
2	- (RGINTA			MARRIE	NEVER MARRIED	_		DEATH		
0			U.S.		WIDOWI		BALTIMORE C				
12		TY OR TOWN OF DEAT	(IF NOT	OF HOSPITAL, NURSING	DDRESS)	OR OTHER INSTITUTION	12ti. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		126 KIND O INDUSTRY	FBUSINES	
0	_	RT HOWARD		DICAL CENTE			LEADER		STEEL		
5	13a. S	TATE	IG HOME OR OTHER INSTITU 3b. COUNTY BALTIMORE	13c. CITY OR TOWN BALTIMOR	٧	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI		212	22	
100	14. FA	THER'S NAME	-			15. MOTHER'S MAIDEN NA	ME	MALL			
50	-	LUMBUS	WIDDIE	CARTER		MARIAH	MIDDLE		BALI		
	160 WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN) YES (IF YES, GIVE WAR OR D WIII			ES)		17 INFORMANT	ADDRESS				
/	YES WII 216 09 8846 CLINICAL RECORDS, VAMC, FOR							FORT I	RT HOWARD		
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE								BETWEEN	MATE INTERV	
									1 WEEK		
			ERTENSIVE								
		Conditions, if ony,		o, or as a conseque ARTERIOSC		TIC CARDIOVASC			VEA	DC	
		gave rise to imme cause (a), stating underlying cause	the DUET	O, OR AS A CONSEQUE							
-		PART 2 OTHER SIGNI	FICANT CONDITION	S CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITI	ON GIVEN	IN PART 110	2	
	0	DIABETES	MELLITUS								
7	CERTIFICATION	190 DATE OF OPERATION	ON 19b. CC	ONDITION FOR WHICH (OPERATIO	N WAS PERFORMED			ERE FINDING CAUSES		
/	CER	210. ACCIDENT WAS UNDE		ME OF INJURY R. A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN	ITEM IS PART	OR PART 2)		
9	AL	OR CONTRIBUTING CA	OSE OF DEATH	D AA	10						
9	DICAL	OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	LEXAMINER)	P.M. ACE OF INJURY	19	21f. LOCATION					
9	MEDICAL	(IF EITHER NOTIFY MEDICA 21d. IN JURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	L EXAMINER) D 21e. PL. (AT HOM	ACE OF INJURY ME STREET, FACTORY, OFFICE, FA	RM ETC.)	STREET	CITY OF TOWN		COUNTY	\$17	
9	MEDICAL	(IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY HAT WORK AT WORK 22a.1 certify that (1) (1) saw the deceased	in Examiner) Zle PL (AT HOW this hospital) attende	ACE OF INJURY ME STREET, FACTORY, OFFICE, FA ed the deceased from J UARY 3 19	RM ETC.)	STREET	to FEBRUARY	3, 19_	87	that (I) (w	
9	MEDICAL	(IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY HAT WORK AT WORK 22a.1 certify that (1) (1) saw the deceased	LEXAMINER) D 21e. PL (AT HOA this hospital) attended place of FBRI (did non view the lease	ACE OF INJURY ME SIREET, FACTORY, OFFICE, FA and the deceased from J UARY 3 19 20 20 20 20 21 21 21 22 23 24 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28	EBRU	STREET STREET STREET 10 87 IARY 3 , 19 87 Identify (aur) opinion	, to FFBRUARY death accurred on the date of	and hour ar	87	causes stat	
9	MEDICAL	(IF EITHER NOTIFY MEDICA 21d. IN JURY OCCURRE WHILE NOTIFY HE AT WORK NOTIFY 22a.1 certify that (I) (I saw the deceased	LEXAMINER) D 21e. PL (AT HOA this hospital) attended place of FBRI (did non view the lease	ACE OF INJURY ME STREET, FACTORY, OFFICE, FA ed the deceased from J UARY 3 19	EBRU	STREET STREET STREET 10 87 IARY 3 , 19 87 Identify (aur) opinion	, to FFBRUARY death accurred on the date of	and hour ar	87 , and from the	that (I) (we causes stat	
9	MEDICAL	(IF EITHER NOTIFY MEDICA 21d. IN JURY OCCURRE WHILE NOTIFY HE AT WORK NOTIFY 22a.1 certify that (I) (I saw the deceased	LEXAMINER) 21e. PL. (AT HON this hospital) attended plive og FEBR (did not view the l	ACE OF INJURY ME SIREET, FACTORY, OFFICE, FA and the deceased from J UARY 3 19 20 20 20 20 21 21 21 22 23 24 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28	EBRU	STREET STREET STREET 10 87 IARY 3 , 19 87 Identify (aur) opinion	to FEBRUARY	and hour ar	87 and fram the	that (I) (we causes stat	
9	MEDICAL	21d. INJURY OCCURRE WHITE NOTIFY MEDICA AT WORK 22a.1 certify that (1) (1) saw the deceased above three) div	LEXAMINER) D 21e. PL (AT MON this hospital) attende John Company AF (Tyle Or PRINT)	ACE OF INJURY ME SIREET, FACTORY, OFFICE, FA and the deceased from J UARY 3 19 20 20 20 20 21 21 21 22 23 24 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28	EBRU	IARY 3 , 19 87 Ind that in (my) (aur) opinion of the company opinion of the company opinion o	, to FFBRUARY death accurred on the date of	and hour ar	87 nd from the 22c. DATE 2-4-	that (I) (we causes state SIGNED	

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO FUNERAL DIRECTOR. After this certificate has been signed by

retained by the hospital or ottending physician.

BP.

STATE OF MARYLAND

3	1	0	3	0	2.	8
_	BEG NO					

3. S	Male BIRTHPLACE ISTAI COUNTRY) Marylan CITY OR TOWN OF DATE OF TOWN OF UAL RESIDENCE IN STATE Marylan FATHER'S NAME	DEATH STOWN NURSING HOME OR 136. COUN	White	A .	S. DATE O MONTH B. MARRIED WIDOWE G HOME O	6 DAY 3 YEAR 03 2 NEVER MARRIED DIVORCED	9. BALTIMO	P DEATH AND A CONTROL OF THE CONTROL OF T	-25 PAY) IF U	INDER I YEAR	26 HOU 22 IF UNDER HOURS	16 M
3. S	Male BIRTHPLACE [STATE COUNTRY] Marylan CITY OR TOWN OF Randall UAL RESIDENCE (W. STATE Marylan	E OR FOREIGN d DEATH STOWN NURSING HOME OR 138. COUN	White The CITIZEN OF W U.S. 11. NAME OF HO (IF NOT IN SUCH Baltimo OTHER INSTITUTION, G	HAT COUNTRY? A. OSPITAL, NURSIN ACILITY, GIVE STREET	B. MARRIEI WIDOWE	F BIRTH 6 DAY 3 YEAR 0 3 YEAR 2 NEVER MARRIED DIVORCED	9. BALTIMO	60	YRS.	THS DAYS	IF UNDER	-
70 10 130	Male BIRTHPLACE ISTAI COUNTRY) Marylan CITY OR TOWN OF Randall UAL RESIDENCE IN STATE Marylan	DEATH STOWN NURSING HOME OR 136. COUN	White The CITIZEN OF W U.S. 11. NAME OF HO (IF NOT IN SUCH Baltimo OTHER INSTITUTION, G	A . DSPITAL, NURSIN FACILITY, GIVE STREET /	B. MARRIEI WIDOWE	6 DAY 3 YEAR 03 2 NEVER MARRIED DIVORCED	9. BALTIMO	60	YRS.	THS DAYS		-
US 130	BIRTHPLACE (STAIR COUNTRY) Marylan CITY OR TOWN OF Randall UAL RESIDENCE (#) STATE Marylan	DEATH STOWN NURSING HOME OR 136. COUN	U.S. NAME OF HO (IF NOT IN SUCH) Baltimo OTHER INSTITUTION, G	A . DSPITAL, NURSIN FACILITY, GIVE STREET /	G HOME O	NEVER MARRIED DIVORCED	9. BALTIMO			DEATH		
10 US 13a	Marylan CITY OR TOWN OF Randall UAL RESIDENCE 16 3. STATE Marylan	DEATH STOWN NURSING HOME OR 136. COUN	U.S. 11. NAME OF HO (IF NOT IN SUCH) Baltimo OTHER INSTITUTION, G	A . DSPITAL, NURSIN	G HOME O	D DIVORCED	0.1	DRE CITY OK	COUNTY OF	DEATH		
) US 13a	Randall UAL RESIDENCE IN STATE Marylan	Stown NURSING HOME OR 136. COUN	(IF NOT IN SUCH I Baltimo	ACILITY, GIVE STREET			000	timore	Cour	149		MD.
130	Marylan	136. COUN			cy Ger			OCCUPATION RK FOR MOST OF V SMan		industry Rente		SS OR
14.	FATHER'S NAME	a l Dare	imore	ve residence before 3c. CITY OR TOWN Catonsvi	N	13d. INSIDE CITY LIMITS		ADDRESS / 2		e Road	1 21	228
	FIRST		VIODE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDIE		LAST		
160	Jos WAS DECEASED E		A.	Caso		Joseph 17 INFORMANT	ine	ADDRESS		Dant	oni	
1.00	Yes NO OR UNKNOW		WAR OR DATES)	216-20-1		Mrs. Anna	Cascio	Sa	ame as	# 13		
NOI		immediate stating the ause last.	(c)	AS A CONSEQUE		NOT RELATED TO THE	TERMINAL DISEAS	SE OR CONDI	TION GIVEN	IN PART 110)	
CERTIFICATION	190 DATE OF OF	PERATION	196 CONDIT	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	106 IF YES, W IN CERTIFYIN YES [ERE FINDING CAUSES	OF DEAT	H?
		CAUSE OF DEA	in .	MONTH DA	Y YEAR	21c. HOW INJURY OC				1 OR PART 2)		
MEDICAL	AALITE N	OT WHILE	21e. PLACE O	F INJURY T, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY	51	TATE
	sow the de	ceased olive on, ve) (did) (did not	al) attended the	19		d that in (my) (our) opi	nion death occurr	od an the date	. 19			.,
7	228 PHYSICIAN	S NAME LIVE OF	N Wil	lian	1	ATTENDIN PHYSICIA		PHYSICIA	andall	Stow,	MD.	1
230	156		236. DATE	1 23, N	IAME OF C	EMETERY OR CREMATO	DRY 123d, LOC	/				

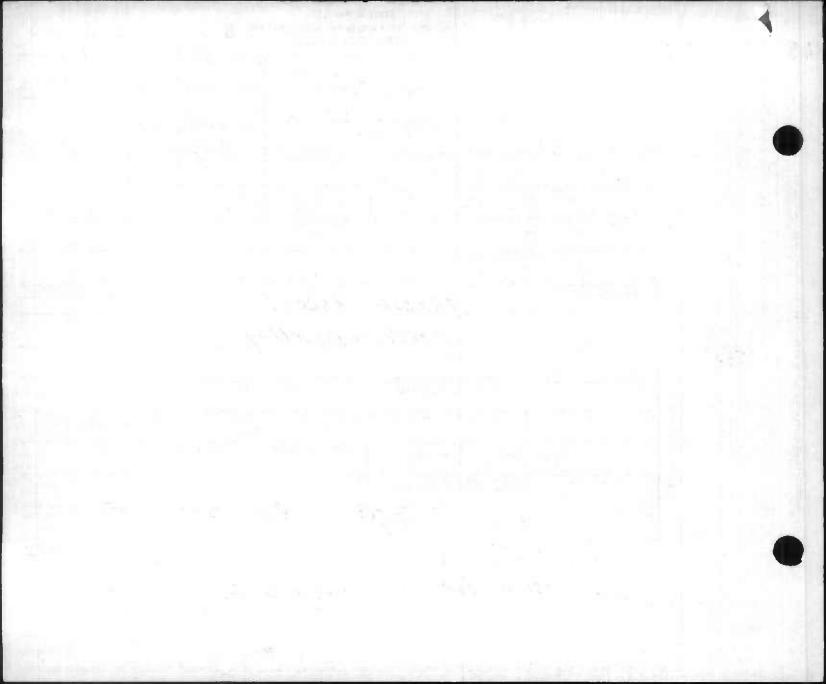
DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shows only injury, at other train should be detached for use as the buriol-transit permit. Then pleased they with the State Dept. of Health and Mental Hygiene prior to buriol, creming

after death - aBod

> 24 FUNERAL DIRECTOR Leroy M. & Russell C. Witzke Puneral Homes P.A 1630 Edmondson Avenue, Catonsville, MD. 21228

Baltimore Maryland 250 DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



Westminster. MD

DHMH - 16 60M 7/84

(VRA 15, 4)

Robert K. Pritts. Sr..

FE 13 87 July 178 181 937

by the funeral director, page 3 filed within 72 hours offer death within 24 hours ofter certificate be executed TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. that the death ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

injury, or other troumotic event, the

MPORTANT: If Item 21 is morked or Item 18 shows ony

043755

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 6 3

U REGISTRAR		CEKTIFIC	AIE OF DEATH	REG. !	10.		
I. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH		DAY YEAR	26 HOUR
LUCI	US C.	CATE		February	4,	1987	,
SEX	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER TYEAR	
Male	White	Oct.	13, DAY 1906 EAR	80	YRS	MONTHS: DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8		9 BALTIMORE CITY		TY OF DEATH	
Alabama	U.S.A.	WIDOWED	NEVER MARRIED DIVORCED	Baltim	ore C	ounty,	M
O CITY OR TOWN OF DEATH Towson	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE St. Joseph	Hospital	other institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Owner		LIFE) INDUSTRY	of BUSINESS OF
	INTY 13c CITY OF	erville	BB. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CO Chape	1 Drive	21093
4. FATHER'S NAME FIRST Thomas	MIDDLE Cat	51	Josephine	MIDDLE		Cran	nda11
60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 1	7 INFORMANT	ADD	RESS		
No	267-1	0-2863	Robert G. (Cate Same	as#1.	3.	
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only ane cause per line far (a), (b), and (c).				APPRO)	XIMATE INTERVAL
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING			AINAL DISEASE OR COL	20b. IF Y	ES, WERE FINDI	INGS USED
E				YES NO		YES	NO 🗌
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH HOUR A.M. MONTH	T DAY YEAR 19 OFFICE FARM, ETC.)	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF IN)		COUNTY	STATE
Land Control of the C	oitol) attended the deceosed f		17	to	4	1987	tha (1) (ve) las
22d PHYSICIAN'S NAME (19PE	ORPRINT;	al wi	ATTENDING PHYSICIAN ADDRESS	MEDICAL STA		aur and from the	-
Donald O. W	ood, M.D.		2 Greenmead	low Drive	Timo	nium, Md.	.21093
30 BURIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d LOCATION		COUNTY	STAIF
Burial	Feb.7,19 87	Dulaney	Valley Cem	Timoni	um,	Balto.,	
74 FUNERAL DIRECTOR	ADD	1050 Yo	rk Road 250. DA	TE REC'D. BY REGISTRA	R 25b. REGI	STRAR'S SIGNA	TURE
Ruck Towson Fune		Towson,	Md.21204	ED 0	100	, A	1 1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

L 3 Joseph . I such that the constant of the Table 10 to . M. L. C. I. J. C. L. C wes force an erest one, suc. forces, a life rector, page 3 urs after death

rading physician and c

injury, or ather traumatic event,

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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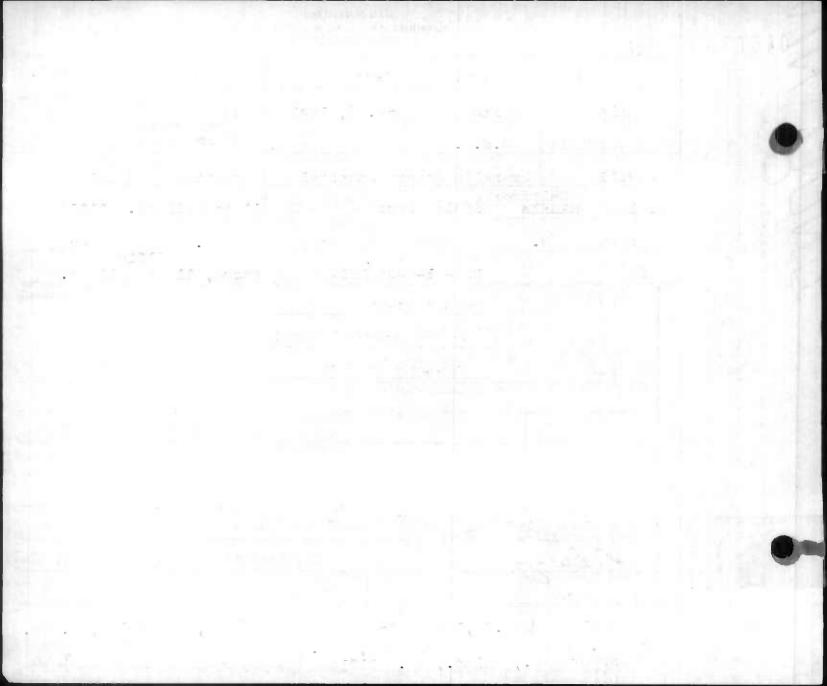
	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 / REG. NO.	3 5 3 !			
1	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR			
8	(TYPE OR PRINT) Billy	Neal	Cave	February	22,1987 9:55P. _м			
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Male	White	Jan. 8, 1943	44 YRS				
7	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	X paitimore coun.				
	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	ISING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY			
	Rossville		uare Hospital	Carpenter .	Self			
	USUAL RESIDENCE IN NURSING HOME 130. STATE Maryland MXX	AXX Middle	River YES NO K	ll MacDill R	d. 21220			
2	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST			
4	Trevy	W. Cav		J.	Phares			
٦	160 WAS DECEASED EVER IN U.S.		CURITY NO. 17 INFORMANT	ADDRESS 21	220			
1	(1F YES,	236-64	-4456 Milton Ro	obertson, 11 Ma	cDill Rd.			
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane cause per line for (a), (b)	ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1		ATE CAUSE 10) Cardiac	Arrest					
1		DUE TO, OR AS A CONSEQUENCE OF						
	Canditions, if any, which	(b) Gastr	o Intestinal Blee	urny				
1	cause (a), stating the	DUE TO, OR AS A CONSE	osis of liver		100			
	underlying couse lost	(c) Cirrh	osis of liver		37			
		T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	terminal disease or condition g	EIVEN IN PART 110			
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?			
6	III.				YES NO NO			
7	CONTRACTOR CONTRACTOR	DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 1)	B PART (OR PART 7)			
	OR CONTRIBUTING CAUSE OF THE	P.M. 21e PLACE OF INJURY	19 21f LOCATION					
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE			
		spital) attended the decrased from February 22 14	February 15	87 February 22	. 1987 that (II (we) last			
Н	above, XI) (we) (did) (dM	vor view the body after death.	and that (M(My) (our) op	nion death accurred on the date and h				
	226 SIGNATURE X	2	DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF	February 22,19			
1	228. PHYSICIAN'S NAME (TYP	OR POTINT)	22e ADDRESS	D DIRECTOR EL TITISICIAN AL	87			
			9000 Fra	anklin Square Drive	e 21237			
ال	Dr. Beasley							
	230 BURIAL CREMATION REMOV	AL 236. DATE 2	36 NAME OF CEMETERY OR CREMATO	DRY 234 LOCATION				
	230 BURIAL CREMATION REMOV.	AL 23b. DATE Feb. 26, 1987	3¢ NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE			
		Feb.26,1987	36 NAME OF CEMETERY OR CREMATO Glady	DRY 234 LOCATION	dolph, W. Va.			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

should be detached for use as the burial-transit permit. Then pled with the State Dept- of Health and Mental Hygiene prior to burial TO FUNERAL DIRECTOR: After this certificate has been signed

IMPORTANT: If hem 21 is marked as hem 18 short



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) hamas 3 SEX 4 RACE IE LINDER : VEAR 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) a 99 TO BIRTHPLACE LISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED BALTO COUN NSlasida WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY ederick VILLA NUrsing CENTER CATONSVILLE NUrsing Orderly USUAL RESIDENCE 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? BAltimore 2 Friendship DUNDALK FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) E CAUSE OF DEATH (Enter only one course per line for int _fb1 gnd (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IS ance Conditions, if any, which gave rise to immediate couse (a), stating the underlying course last. PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NO PRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 4 YES [NOIT

21b. TIME OF INJURY

21e PLACE OF INJURY

220 | certify that (1) (this haspital) attended the deceased from 10/8

23b DATE

HOUR A.M. MONTH DAY YEAR PM

AT HOME STREET FACTORY OFFICE FARM ETC 1

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

211 LOCATION STREET

CITY OR TOWN

COUNTY

saw the deceased alive on 01-30-87 above, (I) (we) (did) (did natiview the body after death. 22b. SIGNATURE

DEGREE

22e ADDRESS

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

CEMETERY

STAFF

22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

21a ACCIDENT WAS UNDERLYING

214 IN JURY OCCURRED

NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

Erez

1009 Frederick Rd. Catousu

MA

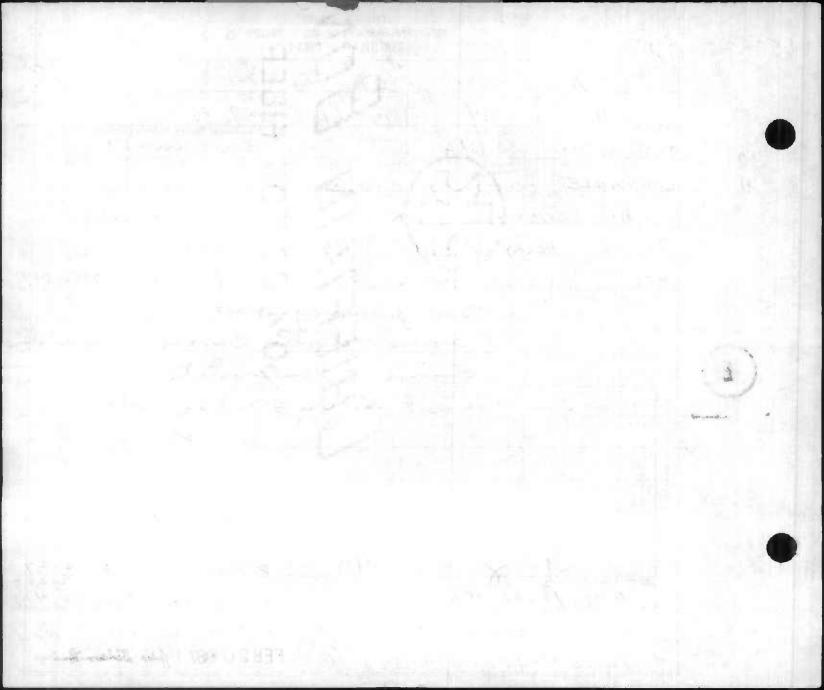
DHMH - 16 60M 7/84

(VRA 15, 4)

HELFENBEIN-HUBB

24 FUNERAL DIRECTOR

and that in (my) (our) apinion death accurred on the date and hour and fram the causes stated



		1.	FOR STATE REGISTRAR	DEPART	MENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG ATE OF DEATH	IENE 8 /	0	3 6	3 3
ctor, pose 3	FEB I		CEASED NAME FIRST OR PRINT! Char	RACE 1.	5 DATE OF	imbers SR	6. AGE (IN YEARS LAST 8	MONTH DAY A 13 RIHDAY) IF U	97	IF UNDER 24 HRS.
y the funeral dis-	XX.	r	RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSING HIS OF HOSPITAL, NURSING HIS OF HOSPITAL O	WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY BOLL IN 126 USUAL OCCUPATION OF WORK FOR MOST	OR COUNTY OF ON CALE ION OF WORKING LIFE)	DEATH OU 126 KIND OF INDUSTRY ALLO	BUSINESS OR
mely filled in a		130.	AL RESIDENCE (IF NURSING HOME) TATE ARTLAND RAT THER'S NAME FIRST	- D. W.	1 3L	34 INSIDE CITY LIMITS? YES NO S. MOTHER'S MAIDEN NA	130 STREET ADDRESS		RELA	31331
on and compiles. Poges	medical Blon		ARTHUR VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) 1 1 FYES, O	L. CHAMB	LRS URITY NO. 11	LORA 7. INFORMANT FAMILY	RECOROS	ESS	Dill	MAN
signed by the minimum poperer poper	o burioi, cremanair ar minoval ury, ar other tradical count, t	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	anly ane couse per line for (a), (b), as SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) (c)	ence of an	nary Tr	INAL DISEASE OR COM	DITION GIVEN	BETWEEN ON	ATE INTERVAL ISET AND DEATH
hos	sows any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN		
or this certifico the burial-tran	rked or here 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN 214 INJURY OCCURRED WHILE WHILE AT WORK AT WORK	BEATH HOUR A.M. MONTH D	AY YEAR 19	RIL LOCATION STREET	RED (ENTER NATURE OF IN)		(OUNTY	STATE
thed for u	ate Dept of Health		22a I certify that (I) (this has	pitol) attended the deceased from 3 19 20 20 20 20 20 20 20 20 20 20 20 20 20		that in (my) (aur) opinion of GREE ATTENDING PHYSICIAN	, to		0	
TO FUNERAL D	IMPORTANT:		DURIAL, CREMATION, REMOVA	HILADI, M	D.	??e ADDRESS		r. 70	WSO	21204 STATE

DHMH - 16 60M 7/84

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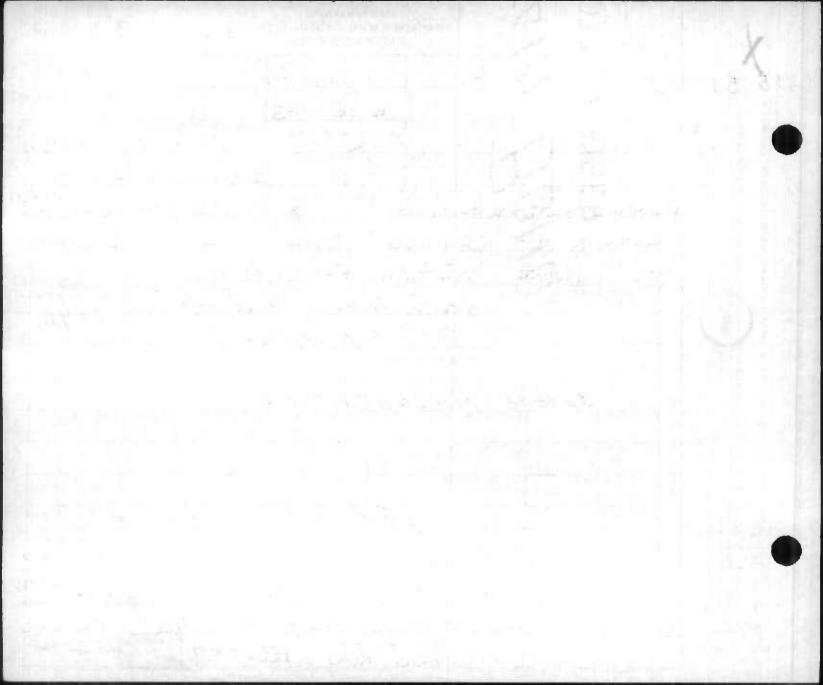
(VRA 15, 4)

24 FUNERAL DIRECTOR

DIRECT

ATORY 1234 LOCATION CITY OF TOWN COUNTY MARE 1256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE	OF	MARYLAND	
21015	V.	III POLITIC POLITIC	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

27	27	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		,
6.1		OR PRINT)	CHARLES		E.	CHER	UBIN	FEB. 16,	1987	YEAR	8:30 P
	3 SE)	MALE		4. RACE WHITE		S. DATE C	21, DAY 1917 FAR	6 AGE (IN YEARS LAST BIR	YRS.	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
9		RTHPLACE (STATE	OR EORE IGN	76 CITIZEN OF	what country? A	8. MARRIE WIDOWE	D NEVER MARRIED		R COUNTY OF		WD
00	BA	TY OR TOWN OF I		6704	CHISHOLM	DR.	(21207)	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (TEACHER	ION OF WORKING LIFE)	126. KIND O	f business or TION
5	13a S M/	ARY LAND	13b COUN BALT	OTHER INSTITUTION ITY IMORE	GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMOR		13d. INSIDE CITY LIMITS? YES NO	18 STREET ADDRESS	OLMOBR.	(21	207)
20	14. FA	MORRIS		MIDDLE CHE	RUBIN		15 MOTHER'S MAIDEN N	3100014	CC	OHEN 1AS	T
1	16a V	VAS DECEASED EV	WWIT	MED FORCES? EXARMY	115-10-9			S. NORA CHE		21	207
		Canditians, if a gove rise to cause (a), st	ony, which immediate	DUE TO, O	R AS A CONSEQUE	ENCE OF	RAL ADEN	ARREST OMCARCINO	MA		
2	CERTIFICATION	PART 2 OTHER S	widel	196 COND	estatic	OPERATIO	N WAS PERFORMED	MINAL DISEASE OR CON PCS P 200 AUTOPSY? YES NOTE	20b. IF YES, WIN CERTIFY IN	ERE FINDIN	IGS USED
9	MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A 21d. INJURY OCC	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM TB PART	1 OR PART 2)	
	WEI	WHILE NO	T WHILE WORK	I AT HOME STI	REET FACTORY, OFFICE, E		STREET	CITY OR TO		COUNTY	STATE
		saw the decobave, (1) (wo	eased olive on.			, or	nd that in (my) (aur) apiniai	MEDICAL STA	ote and hour ar		SIGNED
1		22d. PHYSICIAN'S	- 1 A		an, mil).	-3 //e ADDRESS	LEVEDERE AVI		IMORE,	MD.(21

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been significantly be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bur

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or offending physician.

(VRA 15, 4)

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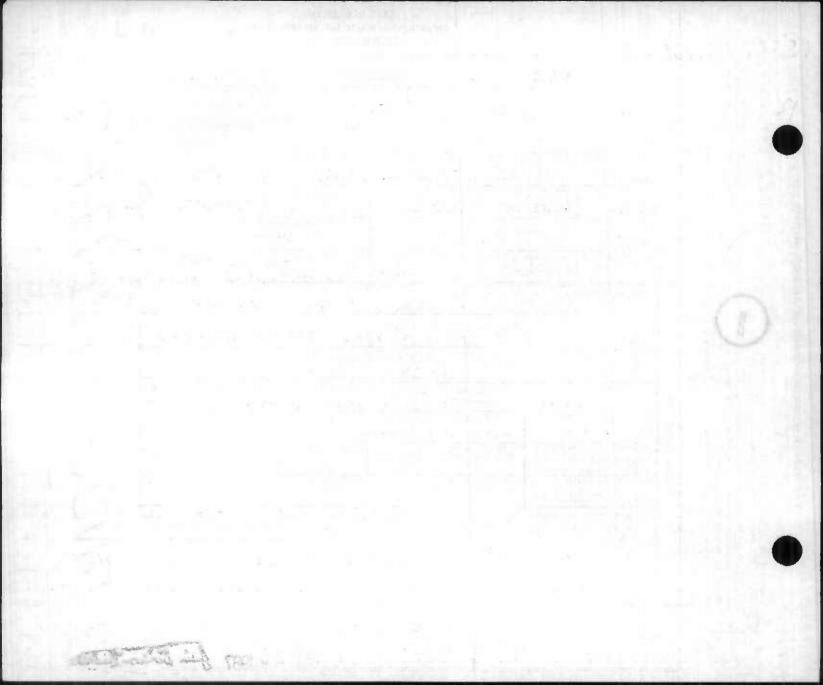
CHIZUK AMUNO

BALTIMORE

MARYLAND

74 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD,

(21215) B 2 5 106



STATE	OF	MARYLAND	
JIMIL	vi	MARILAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	0 /	0	3 6	5 3	
1. DE	19 Jh. 19	FIRST	MIDDLE	L.	AST	REG. NO	AONTH DAY	YEAR	2b. HOUR	
(TYP)	E OR PRINTI	rederick CL	ARKSTON			February 3,	1987		3:05a	
3. SE	Х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTI	DAY) IF U	NDER I YEAR	IF UNDER 24 HRS	
	Male	Whi	.te	9-7	-1912 YEAR	74	YRS.	IHS DAYS	HOURS MIN	
10/8	IRTHPLACE (STATE OR FOR	REIGN 16. CITIZEN C	F WHAT COUNTRY?	8 AAA DDIG	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH		
1	Ohio	U.S	.A.	WIDOWE	7.7	Baltimore County				
10 C	ITY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		R OTHER INSTITUTION	120. USUAL OCCUPATION 12b. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
1	Rossville	Fra	nklin Squa	are Ho	spital	Ret. Guard Beth. St				
13a. S	AL RESIDENCE (IF NURSING STATE	HOME OR OTHER INSTITUTE	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE nfield	code ield Ave. 21206		
14. F/	ATHER'S NAME		15 MOTHER'S MAIDEN NAME							
	James	MIDDLE	Clarkston Dora MIDDLE				McDa	niel	iT	
160 WAS DECEASED EVER IN U.S. AF			RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT		ADDRES					
Mary !	No	(IF YES, GIVE WAR OR DATES	400-26-0	0757	Sue Micklo,5	629 Gardenv	ille Av	re. 21	1206	
	18 CAUSE OF DEATH PART I. DEATH WAS	Enter only one couse p	per line far (a), (b), an	id (c).)				APPROXI BETWEEN	MATE INTERVAL	
CERTIFICATION	PART 2 OTHER SIGNII	2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED								
TIFIC						YES NO X	YES [NO [
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	NG CAUSE OF DEATH HOUR A.M. MONTH DAY YE.		AY YEAR	21c. HOW INJURY OCCURE	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR		OR PART 2)		
MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OF TOV	/N	COUNTY	STATE	
	220. I certify that (this haspital) attended the deceased from January 20 19.87 to February 3 19.87, and that in (***********************************								that 🖶 (we) lo causes stated	
	226. SIGNATURE Keita	w - Ra	Du 1	dn	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	ANX	02/03		
	Keith W.	Parker, M.I).		9000 Frank	lin Sq. Dr.,	21237			
	BURIAL, CREMATION, RE	MOVAL 23b DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		YTAUC	STATE	
	Burial	2-6	-87 G	arden	s of Faith		o., Md		JIMIG	
24 FI	UNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR	Sh. REGISTRAR	SSIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc., 5305 Harford Rd.

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		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		Zb. HOUR
nay be page 3		Gerald			CLAUD		February 20		6:05 PM
ge 4 mc ector. p	3 SEX	Male	4 RACE hite	e	Apr	ii ¹² 9, 1936	6 AGE LIN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
nerol dir	7e BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	7? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore (_	T H
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'IMORE, oe execution and co		No	VE WAR OR DATES)	213 32	3987	Clara M. Cal	ADDRE	Same	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The low requires that the death certi- ottending physician. Ifter this certificate has been sign to the corbon the and Mental Hygiene prob. to the death of real orked or flem 18 shows any injurement matrices.	Z	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (ol), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O	OR AS A CONSEQ	UENCE OF				.RT 110
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ATTENDI ospital or ECTOR. A fet use of for use of Yellis m		220. I certify that I (this hosp sow the deceased alive or obove, I (we) (did) (did) 22b. SIGN ATURE	tal) oftended the body	v 20.	87	nd that in (p) (our) apinian	, to	te and hour and frai	m the couses stated DATE SIGNED
the h			my .			ATTENDING PHYSICIAN	MEDICAL STAP	IAN .	2-20-87
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BP DEST	23a. E	BURIAL, CREMATION, REMOVAL	23/2/23/	/87 G	ardens	EMETER STORY	Baltimore	Co., Md.	STATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 ((VRA 15, 4) The control of the co

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TO HOSPITAL OR ATTENDING PHYSICIAN The low retoined by the haspital or ottending physician.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5- 3 SE	EX		4	RACE			OF BIRTH		GE (IN YEARS LAST BIR	THDAY)	FUNDER TYEAR	HOURS
N	Male			Whi	te	MONI 9	°5 1'9':	18	68	YRS		
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2		ryland		U.S.A		WIDOW			Baltimore	Count	tv	
10 0	CITYOR	TOWN OF DE	ATH 1			ING HOME	OR OTHER INSTITUTION	J 12a	USUAL OCCUPATI	ON	126 KIND	OF BUSINES
//	T and la				H FACILITY, GIVE STREE		27.002	(TYF	Designer			dyne S
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12/4		William				fey	Margar	et	Ε.		Marti	n
		CEASED EVER		WAR OR DATES	166 SOCIAL SEC	URITY NO	17 INFORMANT		ADDRE	SS		
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	18 CA	USE OF DEA	TH Enter only	one couse per	line for (o), (b) o	and ic			b		BETWEEN	ONSET AND D
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STATE OF MARYLAND

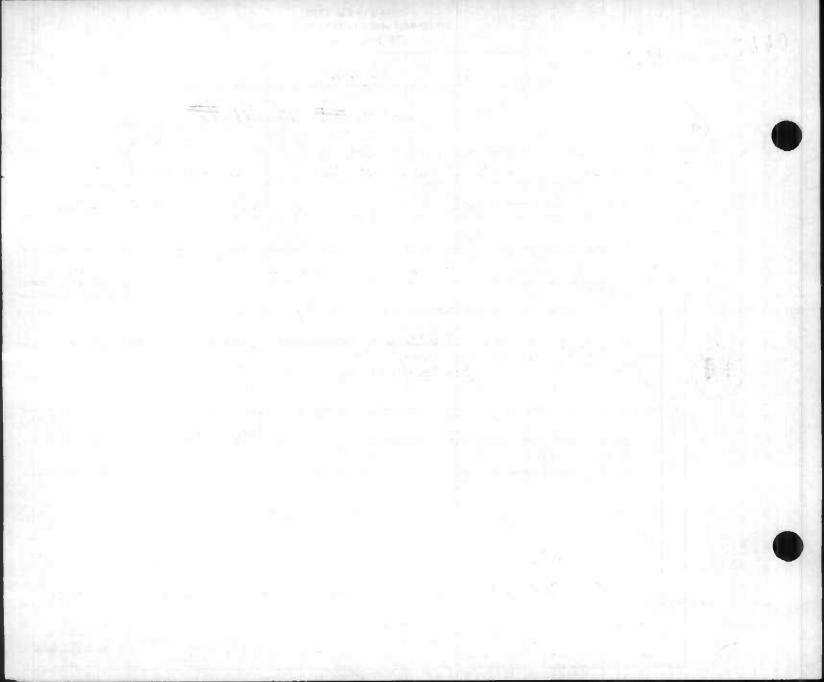
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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82	0	RTHPLACE (STATE OR FORE COUNTRY) MARYLAND	IGN 7b. (WHAT COUN	MARRIE	DEVER MARRIED DEVELOPMENT	BALTIMORE CITY C	_	DEATH	MD.
5	III, CI	ANDALLSTOWN	11.			URSING HOME	OR OTHER INSTITUTION EN. HOSP.	170 USUAL OCCUPATION OF SELF-EM	PLOYED	REAL	F BUSINESS OR ESTATE
5	USUA 130 S MA	AL RESIDENCE (IF NURSING STATE ARYLAND	COUNTY	ER INSTITUTION	GIVE RESIDENCE 13 CITY OR BALT	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13-3501 ADDRESS	PÄUL ^{OD} ST.	#21	218
2	14. FA	LOUIS	MIDD	LE C	OHEN LAS	T	15. MOTHER'S MAIDEN NA/	WE	LE\	VENWÉĽ	D
7	160 V	VAS DECEASED EVER IN	WII-A	FORCES?		SECURITY NO. 01-2166	17 INFORMANT DE 4 BARSTAD C	r. LESTEROGE F. LUTHERV	APLAN ILLE, MI	210)93
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		22a I certify that (I) (this saw the deceased above, (I) (we) (did)	slive on	2-	10	.19 <u>87</u> or	27 , 19 <u>87</u> ad that in (my) (our) apinion (deoth occurred on the de	ote and hour an		hot (I) (we) lost couses stated
		22b. SIGNATURE	Si	27-6	7.48	M	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF IAN	224 DATE S	10-87
		228. PHYSICIAN'S NAME	DE	PES	TRE		BALTI MORE	RE COUNTY	6ENET	ZAL F	Hosp.
	23a B	BURIAL, CREMATION, REA	1	SEB.12	2,1987		FRIENDSHP	BALTIMOR	E	MARYI	CANDSTATE
		UNERAL DIRECTOR S		VINSON RD. H	SALTO	DS,.INC.	21215 250 DAT	EB 1 1987	256 REGISTRAR	'S SIGNATU	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached to with the State Dept. of MPORTANT, IF IS



043323 FEB

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 3 6 3 4

FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 / REG. NO.	3 6 3 4
I. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) Wal:	ter	COLEMAN	February 2, 19	3:31 MF
3 SEX	1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70 BIRTHPLACE (STATE ORFOREIGN	76 CITIZEN OF WHAT CO	MARRIED NEVER MARRIED	Baltimore Cou	
BALTO.	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION IVE STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176. KIND OF BUSINESS OR INDUSTRY
ISUAL RESIDENCE (IF NURSING HOME	ONOTHER INSTITUTION GIVE RESIDEN UNITY 136 CITY	NCE BEFORE ADMISSION) OR TOWN 13d. INSIDE CITY LIMITS YES NO O	130. STREET ADDRESS, / ZIP CO	DE ZIZZ
FATHER'S, NAME HENRY	MIDDLE COL	LAST TO A TOP A		MIEhell
16a. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCI	AL SECURITY NO. 17 INFORMANT 28254 KATIE M.	AE COLEMAN	1308 GOODMAN
_	DUE TO, OR AS A CO	CARCINOMATO	VOCARCINOMA +	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	NHICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF LIFETIMER, NOTIFY MEDICAL EXAMIL 21d INJURY OCCURRED	DEATH HOUR A.M. MON	NTH DAY YEAR 19 7 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2) COUNTY STATE
721.1 certify that III (this ha	partition attended the decease partition attended the decease of the partition of the parti	ond that in (my) (aur) apin DEGREE	ion death accurred on the date and h	that (I (we)) ast our ond from the causes stated
120 PHYSICIAN'S DAME (11)	GAUHAR	ATTENDINI PHYSICIAI 170 ADDRESS ESSEX M		2/2/89
230 BURIAL, CREMATION, REMOV. (SPECIFY) BUR TAI	AL 236. DATE 2/6/87	23¢ NAME OF CEMETERY OR CREMATO PARK WOOD	RY 23d. LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/84

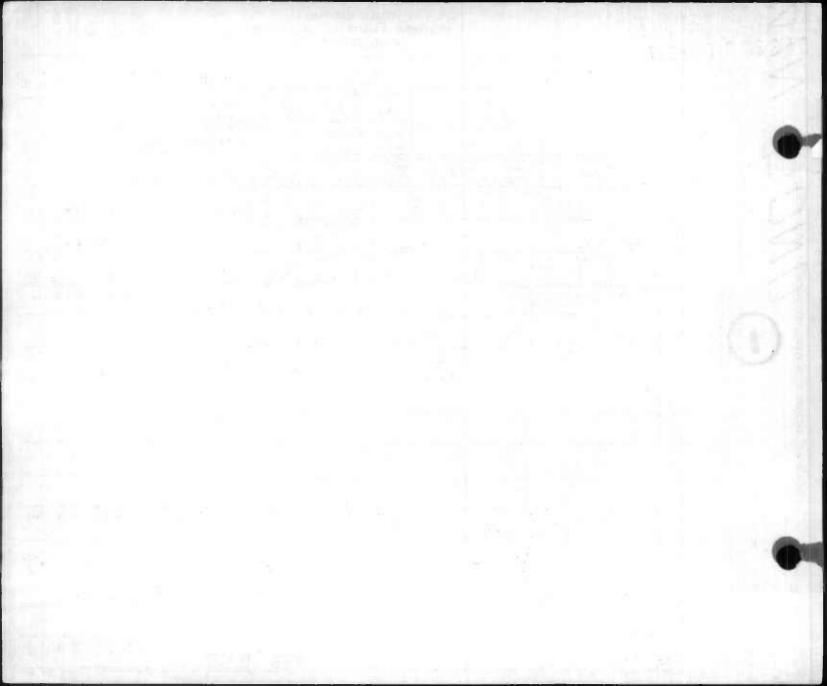
TO FUNERAL DRECTOR ... should be detuched for use ... the State Dept. of Nec

MPORTANT, II

(VRA 15, 4)

BURTAL 24 FUNERAL DIRECTOR

ADDRESS MARCH FUNERAL HOME 1101_E NORTH AVE 25. DATE RECE, BY REGISTRANDS REGISTRAND SIGNATURE



		er death. Page 4 may be	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	(soth certilicate be executed within 24 hours afti	
DIVISION OF VITAL RECORDS, 201 W. PRES		TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the second case be executed within 24 hours after death. Page 4 may be	retained by the haspital ar attending physician.
		TO HOSPIT	retained by

hysician and campletely filled in by the funeral director, page 3 appers. Pages I and 2 stoold be filled within 72 hours ofter death

papers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by in writing should be detached for use as the burial-transit permit. Then pleas with the State Dept of Health and Mental Hygiene prior to burial, cervation extensions with the State Dept of Health and Mental Hygiene prior to burial, cervation with MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or ather traumantic extensions.

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DEPART

		MEATLE OF					_
CERTIFICATE OF DEATH		REG. NO.					
MENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	1	U	3	0	2	1
STATE OF MARYLAND			13	my	2		

1. DECEASED NAME (TYPE OF PRINT) VARY 4. RACE 1. DECEASED NAME (TYPE OF PRINT) CONTISTITARO 20. DATE OF DEATH MONTH DAY YEAR CONTISTITARO ARE IN YEARS LAST BIRTHDAY) MONTH DAY YEAR MONTH DAY YEAR	20 1100K
NARY GERADINE CONTGITARO 2 24 87 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER LY	
	11:00Am
MONTH DAY YEAR	AR IF UNDER 24 HRS
FEMALE WHITE 8 12 12 74 YRS	TS HOURS MIN.
78 BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
Pennsylvania U.S.A. WIDOWED DIVORCED Baltimore County	· MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUST	O OF BUSINESS OR
Arbutus 1211 Sulphur Soring Road Homemaker	and one
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 131. INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP CODE	
Maryland Baltimore Arbutus YES NO 1211 Sulphur Spring	Rd. 21227
Alfred Pagano Mary Bor	nano
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-52-2149 Concetta F. Hoover 1211 Sulphur S	21227 pring Rd.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 190 DATE OF OPERATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. THE OF INJURY 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING	DINGS USED SES OF DEATH?
YES NO YES TO THE OF INJURY TO PART HOUR A.M. MONTH DAY YEAR TO THE OF INJURY HOUR A.M. MONTH DAY YEAR	NO [
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
OR CONTRIBUTION COUNTY OR COUNTY OR CONTRIBUTION COUNTY OR COUNTY	STATE
22a.1 certify that (1) (this hospital) attended the deceased from	that (I) (we) lost the couses stated
	125 87
Jeffrey Cole 3455 Wilkens Ave.	
230. BURIAL CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
Burial 2/27/87 Loudon Park Cemetery Baltimore	Maryland
24 FUNERAL DIRECTOR 21 230 DATE REC D BY REGISTRAR D REGISTRAR S SIGN	-
Hubbard Funeral Home, INc. 4107 Wilkens Ave.	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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10.				
MONTH	DAY	YEAR	26 HO	JR
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RTHDAY)	IF UND	ER YEAR	IF UNDE	Y ZU HRS
	MONTH	DAYS	HOURS	MIN
YRS				

							REG. NO.			
1 DE	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH MON	TH DAY	YEAR	26 HOUR
LITE	E OR PRINTS	NOI	RA	May	COM	WER.	2	5	87	17/0
J. SE	X		4 RACE		5 DATE		6. AGE (IN YEARS LAST BIRTHDAY		NDER LYEAR	IF UNDER 24 HR
	Female		Caucas	ion	MONT		92	MONT	THS DAYS	HOURS MIN
Pa B	IRTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	June	12, 1094	9 BALTIMORE CITY OR CO	YRS DUNTY OF	DEATH	
	COUNTRY)	ONETON			MARRIE	D NEVER MARRIED			DEATH	
2.70	ryland		U.S.A.		WIDOW		Baltimore Co			
-	ITY OR TOWN OF DEA			HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	17a USUAL OCCUPATION		126 KIND O	F BUSINESS C
R	andallstown	n.	Baltimo			ral Hospital	Homemaker			
USU USO	AL RESIDENCE IN NURS	ING HOME O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	Atal nuclea catulantas	La expert apprece / 7/2			
12.77	arvland		timore	Woodlaw		13d INSIDE CITY LIMITS?	2128 Southla		04 2	1207
-	ATHER'S NAME	241	CIMOIC	Woodiaw	11	15 MOTHER'S MAIDEN NA		IIU NO.	au Z	1207
	FIRST		MIDDLE	LAST		FIRST	MIDDLE		LAS	
	Dewitt		rd			Sarah	Elizabet		Unk	nown
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANTMrs.	Elizabeth Mil	ler		
	No			218-36-0	974	2128 Southla	nd Road Balt	imore	, MD.	21207
	18 CAUSE OF DEATH			line far (a), (b), an			AT ALVERT A TOTAL TOTAL		BETWEEN (MATE INTERVAL
	PART I DEATH W			CARDI	ORTH	3 PIRATORY	PARRES	1 -		
		IMMEDIA	TE CAUSE (o)	- 111111			77717100		4	
			DUE TO, O	R AS A CONSEQUI	HOCE OF					
	Conditions, if ony,		(b)	Civir	/					
	cause (a), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF			7 (5)		
	underlying cause	lost	(10)			A STATE OF THE STA				
	PART 2. OTHER SIGN	HIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN	IN PART 1 c	
Q.	BIL F	411	V. 77	FLECT	1991	3. 6:1. BI	EED.			
LA.	190 DATE OF ORERAT	ION	19 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		. IF YES, WI		
H	2/3	187.	# X/21/0.	7 6	, / .	Blood	YES THOO	YES T	G CAUSES	OF DEATH?
*	21a ACCIDENT WAS UND	ERLYING T	216 TIME C			216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM IS PART I	OR PART 21	
7	OR CONTRIBUTING		AIH		AY YEAR	7.8				
MEDICAL	11d INJURY OCCURE		P. P	M.	19	211 LOCATION				
MEZ				REET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TOWN		COUNTY	STATE
-	WHILE NOT WH	338				The second second				

220.1 certify that (1) (this hospital) attended the deceased from_ saw the deceosed alive on abave, (1) (we) (did) (did not) view the body ofter

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

	720	DATE	SIGNE	D
J	2	10	-10	7
		0	10	/

236 DATE

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

FOR

REGISTRAR

- STATE

731. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

and that in (my) (aur) opinion death occurred on the date and have and from the causes stated

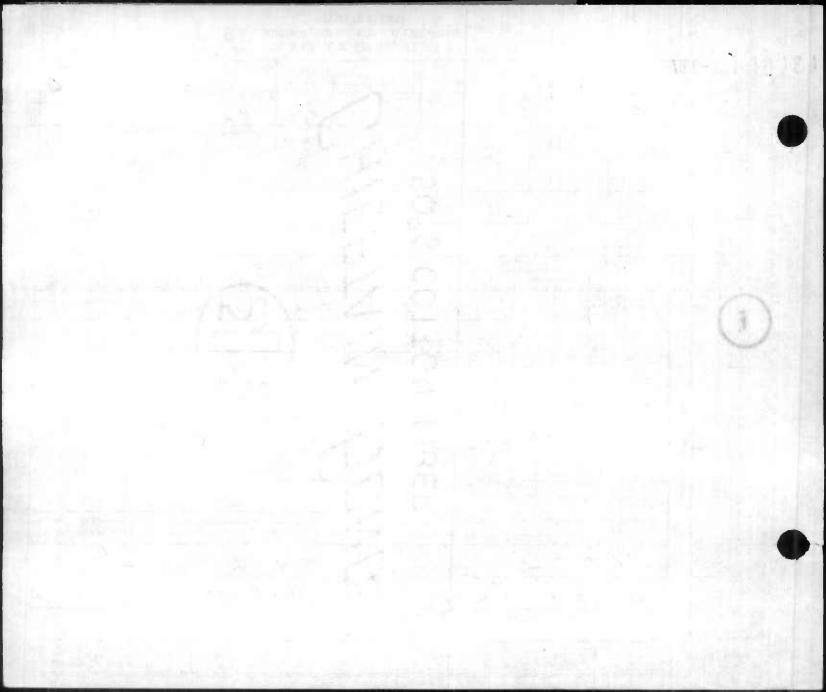
Baltimore

Burial 2/9/87 Lorraine Park Cemetery

14 FUNERAL DIRECTORLOring Byers Funeral Directors, Inc. 250 DATE RE 2/9/87 Woodlawn dia Bardson Rondale 8728 Liberty Road Randallstown, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT



death certificate be

ATTENDING PHYSICIAN: The

retained by the haspital TO HOSPITAL OR

and should be filed in by the funeral director, page 3 and should be filed within 72 hours after death

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 6 4

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	0 /	O NO.	3 6	4 2
1. DECEASED NAME	FIRST	,	MIDDLE	Ł	AST .	20 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TITE OKPKINT)	CAROLY	N	М.	CC	NWAY	Februar	y 4, 19	87	4PM
3. SEX	4.	RACE		5. DATE C		6. AGE (IN YEARS LAS		F UNDER 1 YEAR	IF UNDER 24 HRS
Female		White			22, 1890	96	YRS.		, and
76. BIRTHPLACE (STA	TE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
Maryland		U.S.		WIDOWE	DIVORCED		imore Co		MD
Baltimor		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET WYNN Oak	ADDRESS)	DR OTHER INSTITUTION	170 USUAL OCCUP (TYPE OF WORK FOR MC Housewif	ST OF WORKING LIFE)	12b. KIND OF INDUSTRY Home	BUSINESS OR
USUAL RESIDENCE (130. STATE Maryland	F NURSING HOME OR OT 13b. COUNTY Balti		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimon	N	134. INSIDE CITY LIMITS? YES NO XX		ss / zip code ynn Oak	Avenue	21207
14 FATHER'S NAME FIRST Ge	orge	DDLE	Winters	3	15. MOTHER'S MAIDEN NA FIRST Catherine	MIDDL	E	Schai	fer
160 WAS DECEASED	EVER IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMANT	AD	DRESS		
NO OR UNKNOW	(IF YES, GIVE V	VAR OR DATES)	217-52-8	3195	Evelyn H. C	Conway	Same as	# 13	
PART 2 OTHER	stating the cause last.	(c)	ONTRIBUTING TO		NOT RELATED TO THE TERM	NINAL DISEASE OR C	ONDITION GIVE	N IN PART 110	777
NO DATE OF O	PERADON		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING ING CAUSES	
OR COLUMNIA IN LOUIS	AS UNDERLYING CONTROL CAUSE OF DEATH Y MEDICAL EXAMINER)	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM TS. PAI	RT 1 OR PART 2)	
(IF EITHER NOTIF	COURRED	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	City C	or town	COUNTY	STATE
220. I certify the sow the de obove, (I) (22b. SIGNATUR 22d. PHYSICIAN	ot (I) (this haspital eceased alive an we) (did) (did not)	view the body	otter death.	0 /	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN E 22e. ADDRESS 600 Reiste	MEDICAL STREET OF PHY	STAFF YSICIAN .	22c, DATES	SIGNED 87
230 BURIAL, CREMAT		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION			10.21200
Rurial		2/6/87			Dorle	LIOO d 1 or		COUNTY	STATE

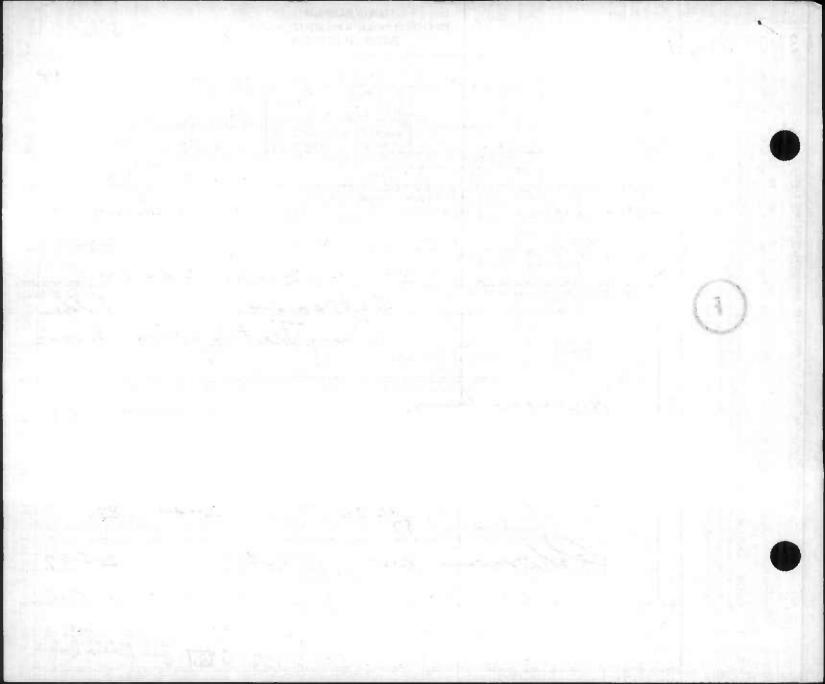
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please removing the State Dept. of Health and Mental Hygiene prior to burial, cremati TO FUNERAL DIRECTOR: After this certificate has been signed

If hem 21 is marked ar Hem 18 shows

IMPORTANT:

²⁴ EUNERAL DIRECTOR LETONE M. & Russell C. Witzkem Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, MD. 21228 FEB 6 1987 Julia Dender Land



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I DECEASED NAME MONTH YEAR 26. HOUR (TYPE OR PRINT) EVERETTE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3 SEX 27 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? -Thele 21234 422 manh 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) SCOROS APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) fond (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate couse (o), stoting lost. underlying couse TO DEATH BUT NOT RELACE TO THE TERMINAL DIREASE OF CONDIDIONAL IN PART HIS NO RTIFICAT 90 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO NO [210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s PLACE OF INTURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) this hospital) attended the deceased from sow the deceased alive on the body after death and that in (my) our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF ATTENDING & PHYSICIAN DIRECTOR PHYSICIAN ORTANT (VIPE OR PRINT) 22e ADDRESS

DHMH - 16 60M 7/B4

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(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

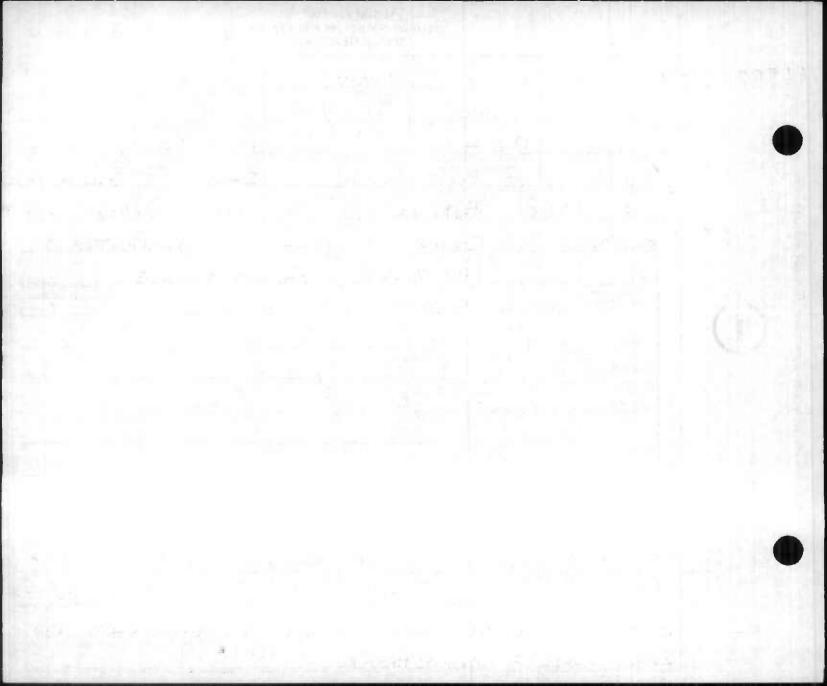
ar 23d LOCATION

CITY OF TOWN

236 DATE

1 eamann

MOUNT 250. DATE REGIDABY REGISTRAR 250. REGISTRAR'S SIGNATURE



	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	0	3 6	4 4
		CEASED NAME	FIRST		AIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
F	-	1 07 k 07	Pauli	ne L	•	CO 5. DATE C	· · · · · · · · · · · · · · · · · · ·	6 AGE (IN YEARS LAST BIR	02 05	87	12:45pm
		Female		Whit	e	Jur		66	YRS	THS DAYS	HOURS MIN.
X	1-11	THPLACE (STATE OR F	OREIGN	U.S.A	what country?	B. MARRIE WIDOWE	D NEVER MARRIED DIO	Baltimore County of DEATH Baltimore County			MD.
7	To	OWSON		Greater	Baltimo	re Me	dical Center	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired		INDUSTRY	of BUSINESS OR
100	13a S	AL RESIDENCE (# NURS STATE ryland	13b COUN Balt	other institution. ITY Limore	GIVE RESIDENCE BEFORE 131. CUY OR TOWN Baltimor	ADMISSION)	138. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 2211 Tay	ZIP CODE VIOR AVE	212	234
1	14 FA	George		P.	Miller		IS MOTHER'S MAIDEN NAME Elizabeth			Cous	ins
	NO	VAS DECEASED EVER YES, NO OR UNKNOWN}		MED FORCES? E WAR OR DATES)	166. SOCIAL SECUI 212-16-5					vood 2	Ave. 21234
	TION	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which mediate g the last.	DBY. E CAUSE (a) VE DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CC	entricula R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM			1½ ho	0
1	CERTIFICATION	190 DATE OF OPERA				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	NGS USED S OF DEATH?
7	MEDICAL CE	216 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	CAL EXAMINER	P./	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	
	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RK -		EET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a Leartify that (1) (this hospital) attended the deceased from February 4., 19.87, to February 5., 19.87, that (1) (we) last saw the deceased alive an February 5., 19.87, and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.									
+		22b. SIGNATURE	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						2/5	SIGNED	
		Craig M.	Shau	0			G.B.M.C.				
		BURIAL, CREMATION, (SPECIEV) Burial UNERAL DIRECTOR	REMOVAL	23b. DATE 2-9-8	7 Dul	aney	Valley Mem. G	23d LOCATION CITY OR TOWN CATOS Timoni E REC'D. BY REGISTRAR	um, Bal	to. I	Maryaand
	Ru	ck Towson	Funer	al Home	Inc. To	wson,	Md. 21204	9 1987	1307 37		

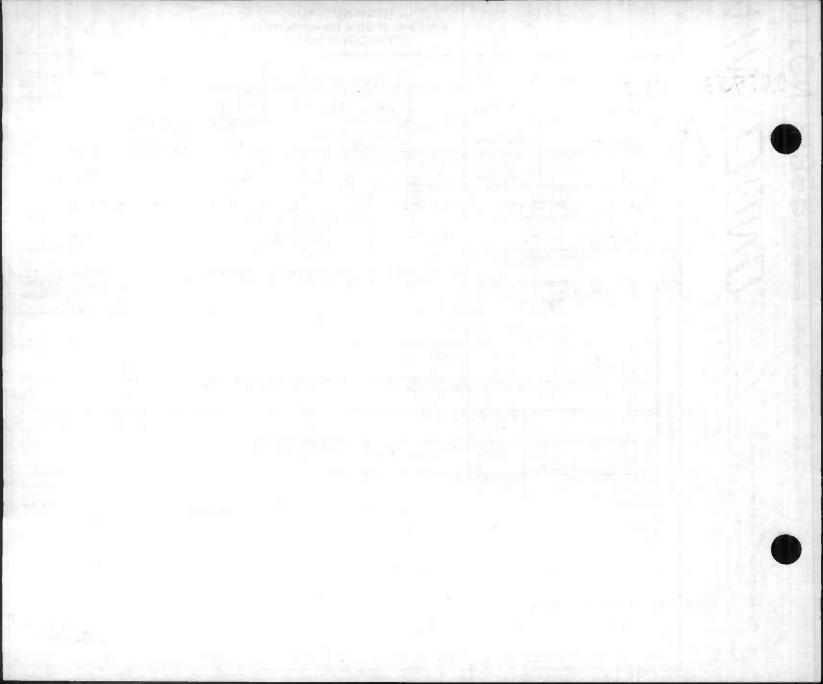
DHMH - 16 60M 7/84

BP.

tO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the build-transit permit. Then please remove carban-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic

(VRA 15, 4)



by the funeral director, page 3 tijed within 72 hours after death

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FEB - 3 FEB - 3 FREGISTRAR	DEPARTMENT (
Z / A O TEB - 3 UREGISTRAR	CER

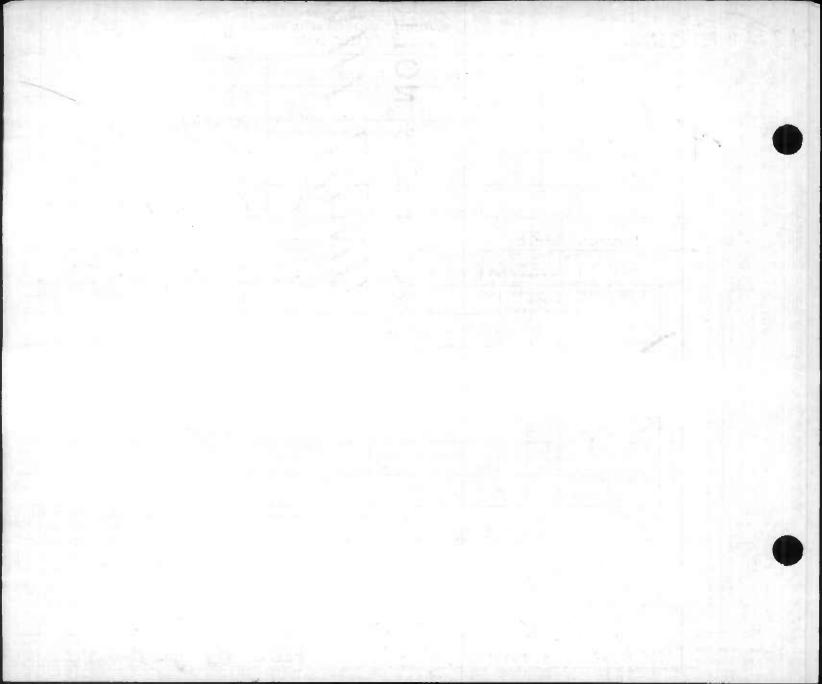
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	1	0	3	6	4	. 1
	REG NO					

	CEASED NAME FIRST	MIDDIE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR 26 HOUR
(TYPE	Dian	EElizat	neth A	n D		21	87 730
3. SE		4 RACE	S. DATE C	FBIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR IF UNDER 24
	Esmalo.	11/1 +	MONTH	DAY YEAR	11-		ONTHS DAYS HOURS
7- 01	IRTHPLACE ISTATE OR FOREIGN	While	· · · · · · · · · · · · · · · · · · ·	11 37	7	YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	K COUNTY	OF DEATH
	NewYork	USHO	WIDOWE		Bolti.	more	(ou. 1)
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		R OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		176. KIND OF BUSINES:
	Tonson	Saint Jose	1 //	nital	Nomenat	/	Non
USU	AL RESIDENCE (IF NURSING HOME OR						^
130 0	110	timere Bah	Tune of	YES NO NO	13e STREET ADDRESS	d l'awn	Rd R 2121
14 FA	ATHER'S NAME	Minor C Ball	17mgrc	15 MOTHER'S MAIDEN NAM		g raver pa	NO TO LILI
	Lawrence McNi	MIDDLE LAST	ī	FIRST	MIDDLE		LAST
14- \	VAS DECEASED EVER IN U.S. AR		SECURITY NO.	Frances	ADDRE	505143	ma iaa MD
	YES, NO OR UNKNOWN) (IF YES, QIV	E,WAR OR DATES)					more, MD.
	No -		30-0585	Albert M. Co	pb 518 Mood	Tawn R	
X T	18 CAUSE OF DEATH (Enter on		or, and ic	1 1	0		BETWEEN ONSET AND DE
	PART I. DEATH WAS CAUSE	E CAUSE (o)	ardiose	Inma Acc	erto		innel
			EQUENCE OF		, 1		/
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	Conditions, if ony, which gove rise to immediate) (b)	Intra	cerebral 61	reding		1200x
		DUE TO, OR AS A CONS	Intra	cerebral 61	reding		12day
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	In Tra	cerebral 61	recling		12day
N	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	In Tra	C fre bra 6/	reding	DITION GIVE	N IN PART 110
ATION	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING	In Tra				
FICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	In Tra		200 AUTOPSY?	20b. IF YES,	N IN PART 110. WERE FINDINGS USED ING CAUSES OF DEATH
RTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION MM	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 196 CONDITION FOR WI	In Tra	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH
. CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION WHA 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 196 CONDITION FOR WI 216. TIME OF INJURY	In Tra	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH
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MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WI A 1 HOUR A.M. MONTH P.M.	EDUENCE OF TO DEATH BUT HICH OPERATION H DAY YEAR 19	1 WAS PERFORMED 216 HOW INJURY OCCURR M/A	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH NO
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	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF COURSE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE OF DEA (UF EITHER NOTIFY MEDICAL EXAMINER AL WORK NOT WHILE AL WORK NOT WHILE AL WORK NOT WHILE Sow the deceosed alive on, sow the deceosed alive on, sow the deceosed alive on,	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WI A 11b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FEICE, FARM, EIC	211 LOCATION STREET	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAI	WERE FINDINGS USED ING CAUSES OF DEATH NO NO COUNTY STA
	gove rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CHE ETHER. NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospit sow the deceosed alive on obove, (1) (we) (did) (did no obove, (1) (we) (did) (did) (did no obove, (1) (did) (did no obove, (1) (we) (did) (did) (did no obove, (1) (we) (did) (did) (did) (did)	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WI A 11b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 \$7 d that in (my) (our) opinion of	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAI	WERE FINDINGS USED ING CAUSES OF DEATH NO NO COUNTY STA
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	gove rise to immediate couse (a), storing the underlying cause lost PART 2 OTHER SIGNIFICANT OF THE SIGNIFI	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b CONDITION FOR WI 11b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 214 that in (my) (our) apinion of the physician	200 AUTOPSY? YES NOW CITY OR TO CITY OR TO A to MEDICAL STAF	20b. IF YES, IN CERTIFY YES YEN ITEM 18 PAI	WERE FINDINGS USED ING CAUSES OF DEATH NO NO COUNTY STA
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WEDICAL MEDICAL	GOVE TISE TO immediate couse (a), storing the underlying cause lost PART 2 OTHER SIGNIFICANT OF THE SIGNIFI	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b CONDITION FOR WI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OF	DAY YEAR 19 FERCE, FARM, ETC.) TOM: 19 E. J., on 230 NAME OF C.	216 HOW INJURY OCCURR 211 LOCATION STREET 212 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET S	200 AUTOPSY? YES NOW ED (ENTER NATURE OF INJUI CITY OR TO MEDICAL STAT DIRECTOR PHYSIC AMEDICAL STATE MEDICAL STATE MEDICAL STATE AMEDICAL STATE MEDICAL STATE M	20b. IF YES, IN CERTIFY YES EVEN THEM 18 PAIN TO WSO TO WSO TO CO.	WERE FINDINGS USED ING CAUSES OF DEATH NO RT I OR PART 2) COUNTY STA 9 2 . that (h (we and from the causes state) 22 DATE SIGNED 2/1/8 Md, 2/2

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DRECTOR, After this certificate is should be detected for use as the buriol-transit with the State Dept. of Health and Mental Hygie



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within 24

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician

filled in by the funeral director page 3 Novid be filed within 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	3	6	4	1

	1 - STATE REGISTR	AR	C		FICATE OF DEATH	SIENE 8	0 3	6 4
B 10	TOPECE ASED N.	AME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	(Constitution	Agnes	G	C	ORRIGAN	FEBRUAR	RY 7.1987	26. HOUR
241	3. SEX		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		R IF UNDER 24 H
4.31	/ Fem	ale	White	1.3		87	YRS	HOURS N
875		(STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1		ylvanian	U.S.A.	WIDOW	_	Baltin	nore Co.	
200	10. CITY OR TO		11. NAME OF HOSPITAL	, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12b. KIND	OF BUSINESS
80	/ Cato	neville	Frederick		ursing Home	Teacher		
279			ROTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)				Or SASI
当り	Md.	A		oklyn Pk.	YES NO DE	13e.STREET ADDRESS		225
1 1	14 FATHER'S NA				15 MOTHER'S MAIDEN NA	ME		
10 L	Tho		Fdwa	rde	Margaret	MIDDLE		AST
8 4		ASED EVER IN U.S. A		IAL SECURITY NO.	17 INFORMANT	ADDRE		
ip /	(YES, NO OR UI	(IF YES, G	IVE WAR OR DATES)	-	William J. F	5.406	Baltimore, I	Md 2122
	no		inly one couse per line for to	6-3494	I Milliam 1.	robst 5436	Channing Ro	XIMATE INTERVAL
ry, or ather tra	gove ri couse underlyn	ns, if ony, which se to immediate o), stating the ng couse lost.	DUE TO, OR AS A CO	ING TO DEATH BUT	DIOJ REPARED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	10
<u>. ir</u>	O (1) AS		(∞)	005			
oms ony	SIO DATE	OF OPERATION	196. CONDITION FOR	R WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
88	21a. ACCID	ENT WAS UNDERLYING		NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
81	OR CONTRI	BUTING CAUSE OF DI	AIR	19				
b '		RYOCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	wn county	STATE
rked	WHILE AT WORK	NOT WHILE	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)			×	
E	220.1 cert	ify that (1) (this hosp	nital) attended the decease	d from	1986	, to	1981	, that (I) (we)
21 is	, sow	the deceased alive a		19 6 / 0	nd that in (my) (our) opinion	death accurred on the de	ote and hour and from the	e couses stated
If Hem	22b. SIGN		LLIDOU	in.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI		218 P
IMPORTANT: If the	22d. PHYS	ICIAN'S NAME POPE	CA CASCAL	1080	??e ADDRESS			1
1	230 BURIAL, CR	EMATION, KEMOVA	13h DATE	230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY)	urial \	02/11/87	Holy Fa	unily Cem.	New Phila	delphia,Sch	STATE
	24 FUNERAL DI		1	11027		F REC'D BY REGISTRAR	25h RECHSTRADIS SIGNA	TLIME .

DHMH - 16 60M 7/84

HUBBARD

(VRA 15, 4)

BP.

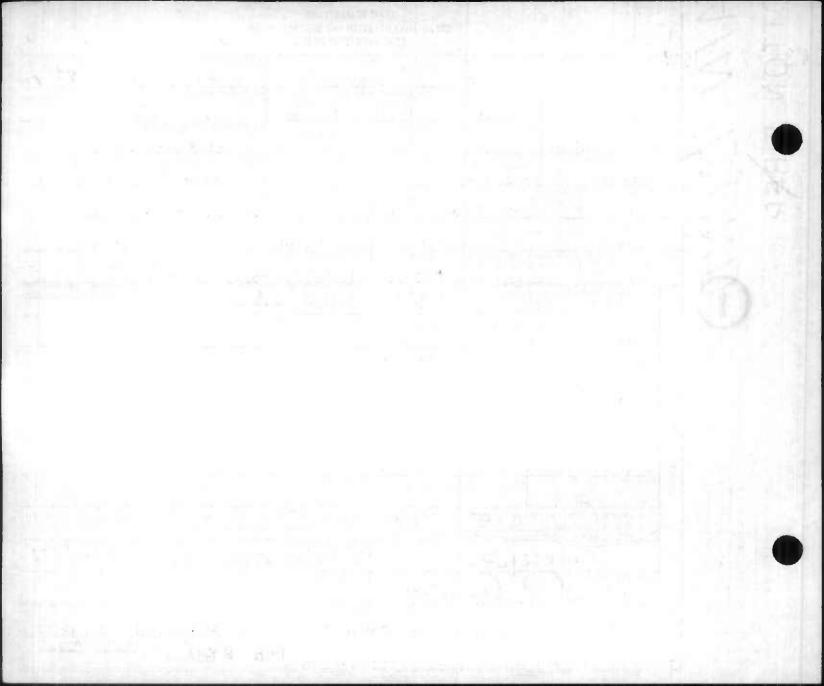
Home

Funeral

Raltimore

FEB 9 1987

Julia Deriden Randons



I director, page 3

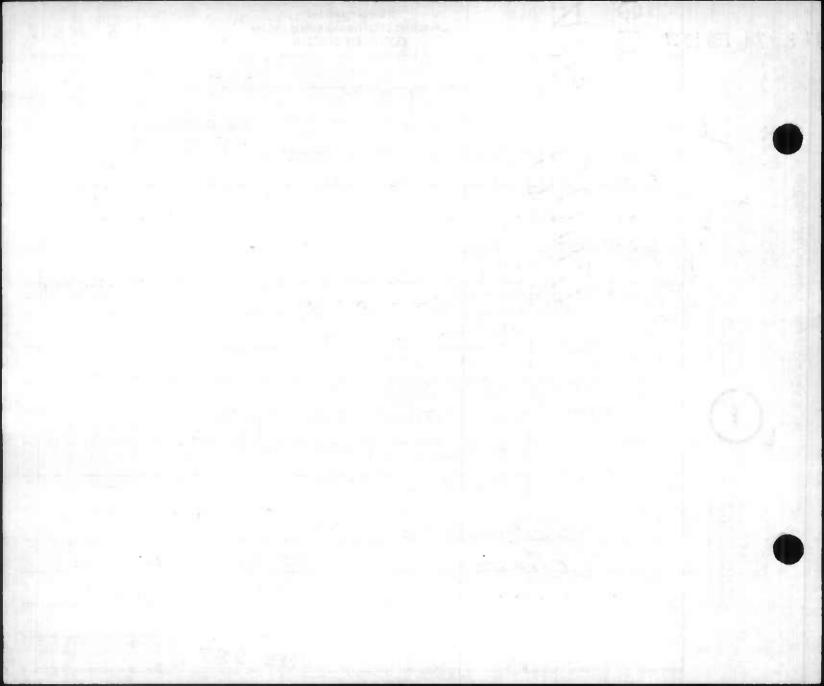
STATE	OF	MA	RYI	AND	
SIMIE	VI	me	RIL	MITT	

3	1	0	3	6
	REG. NO.			

0	8 1 7-	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 /	0 3	6 4 /
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH		26 HOUR
	(TYPE	Grace		COSBY		February 5	, 1987	7:58 A
ч	3 SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER I YE	
	100	Female	Black	1 1	DAY YEAR	69	YRS.	TS HOURS MIN.
	Je B!	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8			OR COUNTY OF DEATH	
S	(COUNTRY)	****		D NEVER MARRIED	Baltimore		
	10 (1	Maryland ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	WIDOW		12a USUAL OCCUPAT	0	D OF BUSINESS OR
7	10. 0		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUST	RY
-	USU	Balto. I	Franklin Squ	EADMISSION	Hospital	retired		ederal
-	13a S	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUN		VN		13e STREET ADDRESS	/ ZIP CODE	1222
)	11 5	Md. Bali	to.		YES NO	7924 Str	atman Rd.	6.000
1	14 FA	ATHER'S NAME FIRST N	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE		LAST
1		Cornelius	Duckett		Charity		Jones	S
1		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDR	ESS	
		YES, NO OR UNKNOWN) (IF YES, GIVE		4326	Zachary O.	Coshy 79	24 Stratm	an Dd
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS					IDITION GIVEN IN PART	lia
2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO SY YES NO		
2		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR		1	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TO	Own COUNTY	STATE
		22a. I certify that (this haspital) attended the deceased from Janussaw the deceased alive an February 5 19 87. a above. (Mye) (did) (did) of view the body after death.			nd that in (1) (our) apinion of DEGREE ATTENDING	death occurred on the d	late and hour and from	L, that pk (we) last the couses stated ATE SIGNED 5-87
7	1	22d PHYSICIAN'S NAME (SYPE OR	174199		PHYSICIAN [DIRECTOR PHYSIC	IAN	7 07
		G. Johnson,				lin Square	Drive, 212	237
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial	2-10-87 I	ake v	View Mem Pl		Carro	II Ma
		UNERAL DIRECTOR			25s •DAT	E REC'Ď. BY REGISTRAR	TIL REGISTRAR SSIGN	TATURE MICE.
		Carlton C. Do	ouglass 1701	McCu.	lloh St. FE	9 1987	Julia Dioiser	to Kand

DHMH - 16 60M 7/84 (VRA 15, 4)

1D FUNERAL DIRECTOR A should be detached for use with the State Dept. of Hea APORTANT, If He



executed within 24 hours after

ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital ar attending physician.

BP_

STATE OF MARYLAND

8	7	n	3	0	-
~	- /				
	REG. NO.				

	-	REGISTRAR				CERTIF	FICATE OF DEATH	O	REG. NO.	0	•	
FI	DDE	CHASEDINAME OF PRIME	FIRST		MIDDLE	ı	LAST	20. DATE OF		DAY	YEAR	26 HOUR
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	3 SE:	X		4 RACE		5. DATE C		& AGE INYE	ARS LAST BIRTHDAY)		ERIYEAR	IF UNDER 24
100		Female		White	,	MONTH 6	3 1917	6	9 _{YR}	MONTHS	DAYS	HOURS
and a		IRTHPLACE (STATE OF	FOREIGN		WHAT COUNTR	Y2 8.		9 BALTIMOR	E CITY OR COUN		EATH	
345		(OUNTRY)		II.S	S.A.	WIDOWE	DE NEVER MARRIED -		Baltimor	e cou	intv	
		ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	12a USUAL O	CCUPATION	12b	KINDO	F BUSINESS
otifi		Towson			sephs H		1		for most of working maker	G LIFE) IN	DUSTRY He	me
ben	LISU.	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION						
3		Maryland	Balt		Towson		13d INSIDE CITY LIMITS?	531 V	DDRESS / ZIP CO	ew Ro	1.	21204
e -		ATHER'S NAME	Dare		1000011		15 MOTHER'S MAIDEN N					
80		Mathias	,	MIDDLE	Lieb		Elizab	th	WIDDIE	Ţ	Jh1 IAST	
9 1		WAS DECEASED EVE			166. SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS			
medi	(NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	213-01	-4747	Mr. Anthony	Costa	Sam	e as	13e	
÷ 1		18 CAUSE OF DEA	H (Enter on	v one couse ne	line ler (a), (b)	and ici. A	r Tachyc	,			BETWEEN	MATE INTERVA
oumatic event,		Conditions, if any		DUE TO, C	RAS A CONSEC	Card	ial inta	retio	271			
any injury, or other traumatic event,	TIFICATION	gove rise to im couse (a), state underlying cous	which mediate ag the e lost.	DUE TO, CO (b) DUE TO, CO (c) CONDITIONS C	Myo RAS ARONSEC ONTRIBUTING T LEAST	DUENCE OF TO DEATH BUT di Se	NOT RELATED TO THE TEL POSE PERFORMED	MINAL DISEASE 200 AUTO YES	f vent	YES, WER	lar RE FINDIN	fun
18 shaws any injury, ar other traumatic event,	CERTIFICATION	gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG	which mediate and the lost. NIFICANT COMMITTION COMMITTION	DUE TO, CO (b) DUE TO, CO (c) CO 19b COND 19b COND	PRAS ACONSECTION FOR WHI	DUENCE OF	THE HOW INJURY OCCU	200 AUD YES	PSY? 206 IF IN CEF	YES, WER RTIFYING YES	RE FINDIN CAUSES	OF DEATH
rem 18 shows any injury, or other traumatic event,		gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG	which mediate and the lost. NIFICANT CONAL CAUSE OF DEA	DUE TO, CO (b) DUE TO, CO (c) ONDITIONS C 19b COND 21b. TIME C HOUR A	RAS ACONSECTION ON TRIBUTING TO PERSON ITION FOR WHI	DUENCE OF	THE HOW INJURY OCCU	200 AUD YES	PSY? 206 IF IN CEF	YES, WER RTIFYING YES	RE FINDIN CAUSES	OF DEATH
rked or Item 18 shows any injury, ar other traumatic event,	MEDICAL CERTIFICATION	gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (JE EITHER NOTIFY MED 21d. INJURY OCCUP	NIFICANT CONDITION CAUSE OF DEA	DUE TO, CO (b) DUE TO, CO (c) ONDITIONS C 19b COND 21b TIME C HOUR A P 21e PLACE	PRAS ACONSECTION FOR WHITE THE PROPERTY OF INJURY M. MONTH	DUENCE OF TO DEATH BUT LISE CH OPERATIO DAY YEAR 19	THE HOW INJURY OCCU	200 AUD YES	PSY? 206 IF IN CEF	YES, WER RTIFYING YES 18 PART LOI	RE FINDIN CAUSES	OF DEATHS
2) is marked or Item 18 shows any injury, or other traumatic event,		PART 2 OTHER SIG	NIFICANT CON CONTROL OF CONTROL O	DUE TO, CO (b) DUE TO, CO (c) ONDITIONS CO 19b COND 19b COND 19b COND 21b TIME CO HOUR A (AT HOME, SI (at HOME, SI (at) ottended to	PRAS ACONSECTION FOR WHITE THE PART OF INJURY MEET PACTORY, OFFICE TO THE PACTORY OFFICE TO	DUENCE OF TO DEATH BUT LESS CH OPERATIO DAY YEAR 19 CE FARM, ETC.)	21c HOW INJURY OCCU	200 AUTO YES RRED (ENIER NAT	PSY? 20b. IF IN CEF NOT	YES, WER RTIFYING YES 18 PART LOI	RE FINDIN CAUSES RPART 2) OUNTY	STAIN (We
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ORTANT: If Nem 21 is marked or Item 18 shows any injury, or other traumatic event,		gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING [] LIFE EITHER NOTIFY MEE 21d INJURY OCCUP WHILE NOT WAS UP OR WHILE ON THE OBOVE, (I) (we) 22d. PHYSICIAN'S N 22d. PHYSICIAN'S N	WIFICANT CO TAND WIFICANT CO TAND WITION CO TAND WITING WI	DUE TO, CO (b) DUE TO, CO (c) DUE TO, CO (c) 19b COND 19b COND 11h HOUR A P 21e PLACE (AT HOME, 51	PRAS ACONSECTION FOR WHITE OF INJURY REEL FACTORY, OFFICE OF INJURY REEL FACTORY, OFFICE OF INJURY REEL FACTORY, OFFICE O	DUENCE OF TO DEATH BUT LISE CH OPERATIO DAY YEAR 19 CE FARM, ETC.)	216 HOW INJURY OCCU	200 AU(O) YES IRRED (ENIER NAT n death occurred MEDICAL DIRECTOR [PSY? 20b. IF IN CEF NOT. IN CE	YES, WER TIFYING YES D 18 PART 1 OI	REFINDIN CAUSES REPART 2) OUNTY	STA
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STATE OF MARYLAND

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	REG. NO.					

44756 FEB 2	FOR PSTATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	0 3 6 4 9
	I. DECEASED NAME FIRST	WIDDLE	EAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3	Margar	et Dowling	Coursey	2-17-87	5:00 pm
ao de	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector rrs oft	Female F	C White	^2 - 14- 94	93 YRS	MON:HS BATS HOURS MIN.
Po Po	TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
leof leof	Ireland	U.S.A.	WIDOWED DIVORCED	Baltimore Cou	inty MD
14/2 23 (2/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
The state of the s	Baltimore			Liomo	maker
be a	130. STATE 13b. COL	OR OTHER INSTITUTION ON THE RESIDENCE BETON	Sing Home/Heritage	13e.STREET ADDRESS / ZIP CO	DE
# D 5		timore Dundal	YES NO K	7618 Meadow V	
1 1 Sec. 2 Sec.	A)FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	Vay Libble
ldu / S	unknown	Dowlin	unknown	WIDDLE	Butler
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	Balto., Md.
s. Poge	[YES NOOR UNKNOWN] IF YES, G	219-10-	8045 James E. Co	ursey 7601 Meado	w Way 21222
ysicion yarding wol.	18 CAUSE OF DEATH Enter of	inly one cause per line for (a), (b), ai	nd of 1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even even		TE CAUSE (a) Carriers	Pulmonary a	mest	
/ 6 5 A 5	DB 9 7 3	DUE TO, OR AS ACONSEOL	ENCE OF V		1,000
a magazina	Conditions, if any, which	(b) Pull	monia		
by the second other for	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	ENCE OF		Maria Carlo
igned I en plea sbural ury, ar		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	GIVEN IN PART TO
has been s t permit. Then ene prior to aws any inj	210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \equiv
ng physics certificate prod-transit ental Hygu liper 18 sho	OR CONTRIBUTION CAUSE OF DE	HOUR A.M. MONTH D	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART OR PART ?)
the bur and Me	TIP EITHER NOTIFY MEDICAL EXAMIN ZIR INDIFY MEDICAL EXAMIN ZIR INDIFY MEDICAL EXAMIN WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
Se o mor		oital) attended the deceased fram.		, ta	that (I) (we) last
of Ho	saw the deceased alive a	n19	, and that in (my) (our) opinion		
REC ppt o	above, (I) (we) (did) (did n	at) view the body after death.	DEGREE		22c. DATE SIGNED
e De	Klasct	a VIOI Am	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2117187
Stot Stot	226 PHYSICIAN'S NAME LTYPE	OR PRINT)	122e ADDRESS	DIRECTOR PRITSICIAN	1301
or the ORT,	Thailing	Patterna	1 711 27 7.	WAIT ALLA	Batte w 12122
should be deta with the State IMPORTANT: If	11 DEDOORE	THUCKSON	NAME OF CEMETERY OR CREMATORY	123d LOCATION	MILIDING of day
1000	23a BURIAL, CREMATION, REMOVA			CITY OR TOWN	STATE STATE
P	Cremation 24 FUNERAL DIRECTOR	2/19/1987 Gr	een Mount Cremator	y Baltimore, Ma	ICTRARIS SIGNIATURE
5 60M 7/84 15, 4)		radley, Inc., Ba	1to., Md. 2122FE	8 1 9 1987	Deridern Randoll

that the death certificate be

ATTENDING PHYSICIAN, The supriol or otherding physican

TO HOSPITAL OF ATTENDIN

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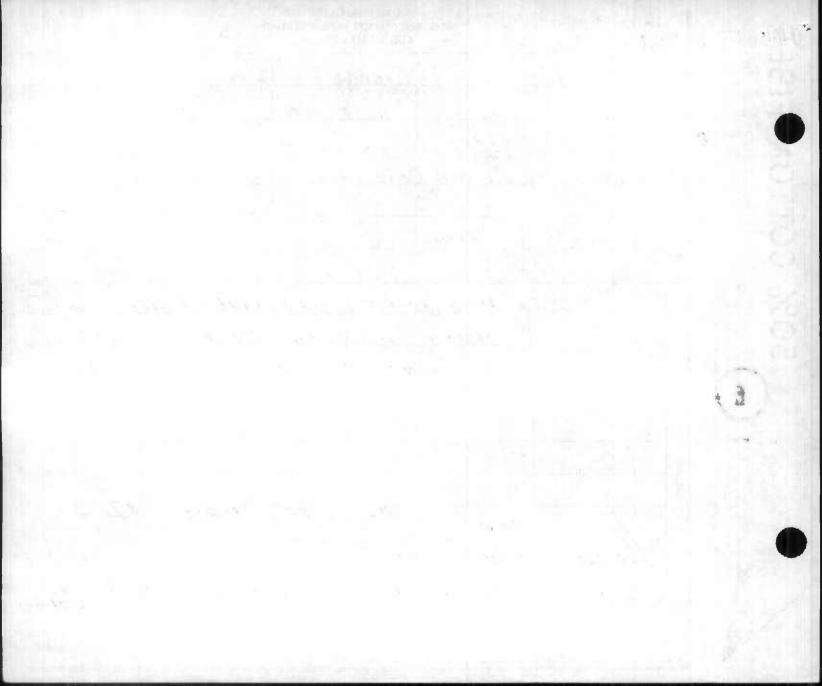
executed within 24 hours after death. Page 4 may be

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91	PERM	WI.	MMINIE	RITU

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FER	23R	TATE EGISTRAR			DET		ICATE OF DEATH	REG. NO	Ü	3	0 0 0
T	DECE.	ASED NAME	FIRST	_	WIDDLE	0	LAST		AONTH DAY	YEAR	2b HOUR
-	CEM	1/4	2212		apetn	Cr	andell	2114/8/			9 AM
3	SEX	15		4. RACE	,	S. DATE		6. AGE IN YEARS LAST BIRTH		UNDER TYEAR	HOURS MIN.
		/ emale		u	hite	1	1 8 1899	07	YRS		
a		HPLACE (STATE OF	FOREIGN	Th CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY O	FDEATH	
0	-	yland		UJ	H	WIDOW	DIVORCED	Baltimore	Count	У	MD.
10	Ra	rdalls tou	n	Chapel	H FACILITY, GIVE	Cont	or other institution	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
1	30. STA	RESIDENCE (IF NURS	13b COLIN	TV	13c. CITY OR		113d INSIDE CITY LIMITS?	13e STREET ADDRESS /			
_		land	Bal:	timore	Rockda	ale	YES NO K		mille	Roa	id 2/20
24	FATH	ER'S NAME	A	AIDDLE	(AS	Ť.	15. MOTHER'S MAIDEN NA	WE		LAS	51
X.		Willia	m		Andr	ews	Ida			Mill's	
1 11		DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANTMrs.	Dolores Seff1	ipper		21811
	(163.	10	111 163 010	. WAR OR DATES!	220-0	03-8648	120 N. Ocean	Pkway. Box	3017A	Berli	n. MD.
F	18	CAUSE OF DEAT	H (Enter onl	y one cause per	line for (a), (b	or, and (cit)	,		//		IMATE INTERVAL ONSET AND DEATH
	P	and titions, if ony, gave rise to impasse to	nediate g the last	ONDITIONS CO	ONTRIBUTING	COUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	10 YI	es used
7								YES NO	IN CERTIFYIN	G CAUSES	NO [
College		O. ACCIDENT WAS UND R CONTRIBUTING () (IF EITHER NOTIFY MEDI	AUSE OF DEAT	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
	ž ,	WORK OCCUR	HE C	21e. PLACE C		FFICE, FARM ETC)	211. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
	L	saw the decease above Hilwe) (c	ed alive an	PEB 1	4	C	nd that in (my) (our) apinion (death occurred on the dat	e and haur ar	-	that (I) (ye) last couses stated
		SIGNATURE	K E.	hke	eller	mb	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		27c. DATE	SIGNED 4/89
1		HOMA	SE	CUIHE	ELER	- mb	2542 ME	UBA RS L	141007	Cry	1-MD
2.	Sa. BUR	lal, CREMATION, (JEY) Buria		23b. DATE 2/16			ew Mem. Park	23d. LOCATION CITY OR TOWN	Ç	OUNTY	STATE
/B4	872		oring	Bvers	Funera	1 Direc	tors, Inc. 250 DAT 21133	E REC'D. BY REGISTRAR 25	Sb. REGISTRAF	RISSIGNAT	URE

DHMH - 16 60M 7/B (VRA 15, 4)



DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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	1 -	STATE REGISTRAR			DEFARI		ICATE OF E	EATH	8	REG. NO.	0 3	0	3 1
5 ;		CEASED NAME	FIRST	MID	DIE	l	AST		20. DATE OF	DEATH MO	ONTH DAY	YEAR	2h HOUR
	(TYPE	E OR PRINT)	JOSEPH	ال	OHN	CRO)SS			(02 08	87	0245
	3. SE)		4.	RACE		5. DATE C		YEAR	6 AGE (IN YE	ARS LAST BIRTHD	MONTHS		HOURS MIN.
	1 20	MALE		WHIT		08	27	45	41		YRS.		
7	/a BII	RTHPLACE (STATE O	OR FOREIGN /b	CITIZEN OF WI	HAT COUNTRY?	MARRIE WIDOWE	DENEVER A	VORCED		_	COUNTY OF DEA		MD
2	10 CI	TOWSON	EATH 11	MAME OF HO	SPITAL, NURSIN ACILITY, GIVE STREET OSEPH	(ADDRESS)		питюм	120 USUAL O	CCUPATION FOR MOST OF W		(IND O	F BUSINESS OR
7	13a. S	AL RESIDENCE (IF NI STATE MD	1136 COUNT		VE RESIDENCE BEFOR	VN	13d. INSIDE C	№ ХХ	13e.STREET A	DDRESS / 2	IP CODE	0.0	21234
7) FA	JOSEPH	2 MI	DOLE	CROS	55	15 MOTHER'S	FIRST PMIE	MP 340	MIDDLE	m	A/S	TIN
	()	18. CAUSE OF DEA PART I. DEATH		BY:	2/2-48- ne for 101, (b), or		Sures		MILY	REC		APPROXIN TWEEN O	MATE INTERVAL NSET AND DEATH
		Conditions, if or gove rise to i couse (a), sta underlying cou	ny, which mmediate iting the	DUE TO, OR A		is Clus	tied	Infa	ction				
	NO	PART 2. OTHER SI	GNIFICANT CO	NDITIONS CON	ITRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDIT	TION GIVEN IN P	ART 110	
1	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH			OPERATIO	OPERATION WAS PERFORMED				NOB. IF YES, WERE N CERTIFYING CA YES [
,		210. ACCIDENT WAS LONG CONTRIBUTING	CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR						RED (ENTERNATE	URE OF INJURY I	N HEM 18 PART I ORP	ART 2)	
	MEDICAL	21d. INJURY OCCU	WHILE ORK	21e. PLACE OF	INJURY I, FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET			CITY OR TOWN	COU	NTY	STAYE

DEGREE

270. | certify that (I) (this hospital) attended the deceased from sow the deceased alive on 2 9 above, (1) (we) (did) (did not) view the body after death

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 214. DATE SIGNED

276 PHYSICIAN'S NAME ITHE GERBHID

22e. ADDRESS

TRAGESER

40

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

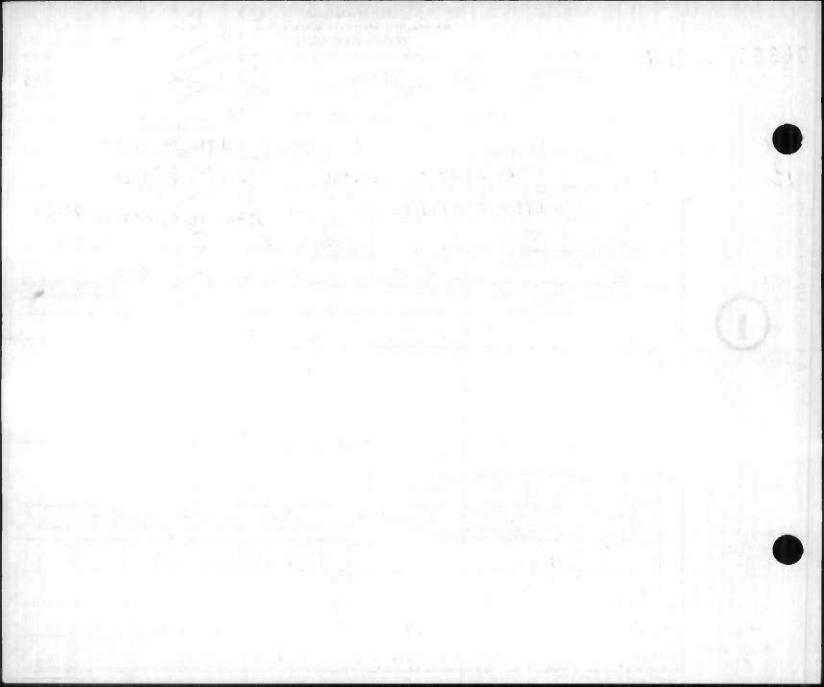
24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

22h SIGNATURE

236 DATE

750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 1 0 1987



and 2 should be filed within 72 hours after death

may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	8	7	0	3	0	5	6
		REG. NO					
_			-		_		

1. 8 8	FOR STATE REGISTRAR		DEPARTME	CERTIFICATE O		REG. NO	. 0	3 0	3 4
	CEASED NAME EIRST	_ A	NIDDLE	LAST		2a DATE OF DEATH	MONTH DAY	YEAR	b HOUR
(TYP)	Margare ,	et El	len	CUCINA			2 17	87	12 3JAN
3. SE	×	4. RACE		DATE OF BIRTH		& AGE (IN YEARS LAST BIR		A A STATE OF THE PARTY	F UNDER 24 HRS
Fe	emale	White		6 O		7	8 YRS	THS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	MARRIED NEVE	ER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
M	aryland	USA		WIDOWED N	DIVORCED [Baltunov	c Co		M
10 C	TOWSON		OSPITAL, NURSING HEACILITY, GIVE STREET ADI	DRESSI	1, 4111 - 111-11	TYPE OF WORK FOR MOST O	F WORKING LIEE)	INDUSTRY	BUSINESS OF
JUSU	IAL RESIDENCE LIENURSING POME OR	OTHER INSTITUTION.		OMISSION)		Floor Chec		Craft	Factor
are.	aryland W COUN	TY	Baltimor		E CITY LIMITS?	13e.STREET ADDRESS		nue. 2	1230
14_E	ATHER'S NAME	MIDDLE			ER'S MAIDEN NAM	AE			
	Charles	MIDDLE	Hoffman	,	FRST	MIDDLE		LAST	
14 - 1	WAS DECEASED EVER IN U.S. AR	HED CORCESS I	16b SOCIAL SECURI		Margaret	ADDRE	99	Reeve	S
	(YES, NO OR UNKNOWN) (IE YES, GIV	E WAR OR DATES)		0.00					
N	0 -	1	212-05-8	229 Marq	uerite I	matowski,	822 Win		r Drive
	Conditions, if any, which		r as a consequen	CE OF					
TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO	R AS A CONSEQUEN R AS A CONSEQUEN DISTRIBUTING TO DE	CE OF CE OF ATH BUT NOT RELAT	TED TO THE TERM	INAL DISEASE OR CON			
TIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO	R AS A CONSEQUEN	CE OF CE OF ATH BUT NOT RELAT	TED TO THE TERM		DITION GIVEN 206 IF YES, WIN CERTIFYIN YES [ERE FINDING	
CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 196. CONDIT	R AS A CONSEQUEN R AS A CONSEQUEN DISTRIBUTING TO DE TION FOR WHICH O F INJURY M. MONTH DAY	CE OF ATH BUT NOT RELATED TO THE PERATION WAS PERA	TED TO THE TERM	INAL DISEASE OR CON	206 IF YES, W IN CERTIFYIN YES [/ERE FINDING IG CAUSES C	F DEATH?
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 196. CONDIT	R AS A CONSEQUEN R AS A CONSEQUEN DITRIBUTING TO DE TION FOR WHICH OF FINJURY M. MONTH DAY M.	CE OF CE OF ATH BUT NOT RELATED TO THE PERATION WAS PERE TO THE	TED TO THE TERM REORMED VINJURY OCCURR	20a AUTOPSY? YES NO	206 IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART	/ERE FINDING IG CAUSES C	F DEATH?
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT OF THE	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 196. CONDITIONS 116. TIME OF HOUR A.A. P.A. 216. PLACE C (AT HOME, STRE	R AS A CONSEQUEN R AS A CONSEQUEN DISTRIBUTING TO DE TION FOR WHICH O F INJURY M. MONTH DAY M. DE INJURY ELET. FACTORY, OFFICE, FAR. E deceosed from	CE OF CE OF ATH BUT NOT RELATED TO THE PERATION WAS PERENTED TO THE PERATION WAS PERENTED TO THE PERATION WAS PERENTED TO THE PERENTED TO TH	TED TO THE TERM REFORMED VINJURY OCCURR ATION REET 19	INAL DISEASE OR CON	206 IF YES, WIN CERTIFYIN YES [RY IN TIEM 18 PART	VERE FINDING IG CAUSES C I OR PART 2)	STATE
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	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER NOTHY MEDICAL EXAMINER AT WORK NOTHER LAT WORK AT WORK	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDITIONS CO 10 DIMENSI CONDITI	R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN DOTRIBUTING TO DE TION FOR WHICH OF FINJURY M. MONTH DAY M. DF INJURY EET, FACTORY, OFFICE, FAR deceased from 19 ofter death.	CE OF CE OF ATH BUT NOT RELATED TO THE PERATION WAS PERE STILL TO THE PERATION WAS PERE TO THE PERE T	TED TO THE TERM REFORMED VINJURY OCCURR ATION REET ATTENDING PHYSICIAN	VES NO CITY OR TO MEDICAL STAI DIRECTOR DRIVER	206 IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN	COUNTY COUNTY A fram the co	STATE at (I) (we) los
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (18 EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK 22a. I certify that (I) (this hosping sow the deceased alive on above) (I) (we) (did no 22b SIGNATURE)	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDITIONS CO 10 DIMENSI CONDITI	R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN DOTRIBUTING TO DE TION FOR WHICH OF FINJURY M. MONTH DAY M. DF INJURY EET, FACTORY, OFFICE, FAR deceased from 19 ofter death.	CE OF CE OF ATH BUT NOT RELATED TO THE PERATION WAS PERED TO THE PER	TED TO THE TERM REFORMED VINJURY OCCURR ATION MEET ATTENDING PHYSICIAN RESS STELLA	INAL DISEASE OR CON 20a AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAIL DIRECTOR PHYSIC	206 IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE at (I) (we) lay buses stated GNED
MEDICAL	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER NOTHY MEDICAL EXAMINER AT WORK NOTHER LAT WORK AT WORK	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDITIONS CO 10 DIMENSI CONDITI	R AS A CONSEQUEN R AS A CONSEQUEN DISTRIBUTING TO DE TION FOR WHICH O FINJURY M. MONTH DAY M. DE INJURY DE HOLDER, FAR. De deceosed from Defer death. M.D.	CE OF CE OF ATH BUT NOT RELATED TO THE PERATION WAS PERED TO THE PER	TED TO THE TERM REFORMED VINJURY OCCURR ATION REET ATTENDING PHYSICIAN RESS Stella ANNE Vall	VES NO CITY OR TO MEDICAL STAI DIRECTOR DRIVER	206 IF YES, WIN CERTIFYIN YES [RY IN TEM 18 PART WIN TEM 18 PART THE ORDER TO TH	COUNTY COUNTY	STATE STATE at (I) (we) lay uses stated GNED
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DHMH - 16 60M 7/B (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been matter by the attending physical should be detached for use as the buriol-transit permit. The mildose remove carbon paper with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

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STATE OF MARYLAND							
PARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE		
CEL	DTIEL	CATE	10	DEATH			

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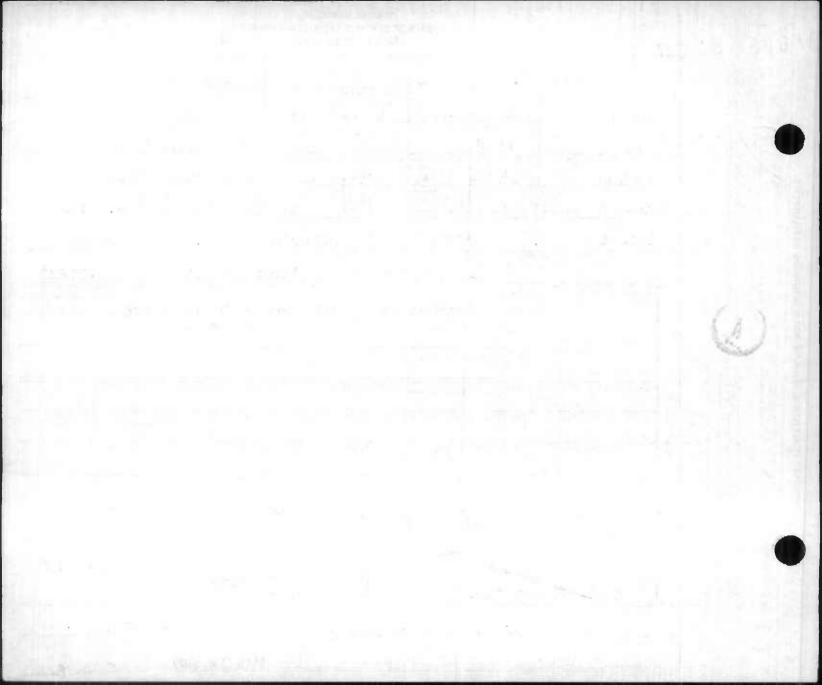
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	REG. NO.				

F. Shape		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 8 / REG. N	0 3	653
		CEASED NAME FIRST		WIDDLE	l.	AST	20. DATE OF DEATH		EAR 2b HOUR
	TTYPE	Samuel Samuel	D (0'0			2/22/	07	12.10
	3. SE		RACE) Unna	5. DATE C	DE BIRTH	6 AGE IN YEARS LAST BY	RTHDAY) IF UNDER I	YEAR IF UNDER 24 HRS
		male	CAUC	ASIAN	MONTH		6	YRS. MONTHS (DAYS HOURS MIN.
1		RTHPLACE STATE OF FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	(H
		Mcl	UST	1	WIDOWE		Baltin	sce Count	MD.
	10. CI	TOWSON		HOSPITAL, NURSING HEACHLITY, GIVE STREET	ADDRESS)	DSDICE	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Electric	OF WORKING LIFET INDUS	
1	13e S	AL RESIDENCE IF NURSING HOME OR OF STATE Tyland Balti	Υ		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS		
		incent F.	DDLE	D'Anna	37.1	15. MOTHER'S MAIDEN NAM Rosaria	ME MJODLE	Glori	LAST
1		VAS DECEASED EVER IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	
/		YES NO OR UNKNOWN) {IF YES, GIVE	WAR OR DATES)	213 073	778	Naomi D'Anr	na 32 Pata		
		18. CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	BY: CAUSE (o) DUE TO, O		OMA	of RECTUM	DISEASE		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PAI	RT Ito
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES []	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)			AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PAR	RT 2)
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	DWN COUNT	STATE
		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	2/	2/17 19	87.01	2/16 , 1987 nd that in (my) (our) opinion o	death occurred on the d	ate and hour and from	that (#r (we) last m the causes stated
,		22b. SIGNATURE		>		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	127/87
1		224. PHYSICIAN'S NAME ITYPE				22e ADDRESS Stell:	a Maris		
		Eddio Nakhu	da, M.I	D.		Dulaney Valle		on, MD 212	204
		BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	40.44	M.d. STATE
	04.5	Burial	3/2/	1987 M	eadov	midge		ltimore,	Md.
		UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAF	256. REGISTRAR'S SIC	SNATURE
	C	onnelly Funera	al Hon	ne of Du	ndal	K	MAROA 108	7 1.	

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND

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0.21 1.4	FEE	I. DEG	EASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	-	26 HOUR
ge 3		1	STAN	LEY W	Dr	NIES	E	2 02	87	2 PM
no)		3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF UN	DERIYEAR	IF UNDER 24 HRS
100			MALE	White	MONTH 1	1 15 1907	70	YRS MONTH	15 DAYS	HOURS MIN.
4 11 1	-		RTHPLACE (STATE OF FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUR	NTRY? B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1 提力	5		Maryland	USA	WIDOWE	_	BALTIMOR	RE COUNT	Y	MD.
JUS.	8	10 CI	BA HO	11. NAME OF HOSPITAL, N LIF NOT INSUCH FACILITY, GIVE STUSEPH		PROTHER INSTITUTION	12a USUAL OCCUPATH (TYPE OF WORK FOR MOST O Retired	F WORKING LIFE) IN	NDUSTRY	rn Elec.
tilled in policy by the control of t	5	13a. S	100.000	OTHER INSTITUTION GIVE RESIDENCE		13d. INSIDE CITY LIMITS? YES NO T	13e STREET ADDRESS / 4237 Darlei		Balto	.Md.2123
of within	30	14. FA	THER'S NAME FIRST	MIDDLE LA	ST	15. MOTHER'S MAIDEN NAME FIRST Ada			LAST Devies	
d co			'AS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDRE		MATER	2
70 Pop	1	(4	ES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 216-0	05-0710	Mrs. Olive I	Davies 4237	Darleig	h Rd.	21236
a physica on papers emosal.	1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (o), ID BY: TE CAUSE (o) LIVE		LURE			APPROXIN BETWEEN O	MATE INTERVAL PHSET AND DEATH
res that the death ined by the attend a please remove co ourial, cremation, o y, or other troumat			Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON	STATIC SEQUENCE OF	CARCINO MA			N PART 110	
and the second	X	FICATION	190 DATE OF OPERATION	196 CONDITION FOR V		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	OF DEATH?
40 100	\rightarrow	CERTIFI	216 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	1 34	21¢ HOW INJURY OCCURE	YES NO NO	YES	200000000000000000000000000000000000000	NO 🗌
MA TO TO	A	-	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTE		The trade in sold occord	LED TENTER MATORE OF INJUR	I IN HEALTH PARTY	26 FART 27	
other ding ser this ser is the busin is and Men	1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OF TO	wn (COUNTY	STATE
Spitol or CTOR, At I for use a of Health				01010		nd that in (my) (our) opinion o	death occurred on the do	te and hour and		hot (It (we) lost couses stated
y the ko y the ko Rat DIRE detuched one Dept			226. SIGNATURE	Taying (FOR)		DEGREE OUEZ ATTENDING PHYSICIAN	MEDICAL STAF	IAN D	22c. DATE S	SIGNED 2-87
o HOSPI of FUNE heald be heald be	/		22d. PHYSICIAN'S NAME (TYPE OF EDUARDO P.	LAYUG (FOR	SCHORQUE	7620 YORK			21205	/
P. S. S. S.			URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	timore,	المعدد والأ	andState
BP	-	04 5:	Burial	2-5-87		nd Mem. Park				
DHMH - 16 60M 7/			NERAL DIRECTOR		7401 B	Chiekd. 250 DAT	5 1987	A REGISTRAR	SIGNATU	JRE
(VRA 15, 4)	- L	Hd	ssahw hiner	ol Home	BALLO	Mb.ZIZKED	5 1987	Julia Navi	den Ko	indala

East of Carlotte

104 Mg J. Weller 1811

11 11 12 13 P. F. S.

8 REG. NO.	0	3	6	3	211
ATE OF DEATH WONE	DAY	MEAL	0 0	HOLLD	_

3101 FEB	1-5	87_			STAT	E OF MARYLAND		
	ĭ.	STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 REG. NO.	0 3 6 5 5
		CEASED NAME FIRST		MILS		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 25	LIAN	OR PRINT) ADA	I	OUISE	DAV	IS	2	2 87
6 25	1 SE	X	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HE
A set	-	Female	V	hite	Feb	4 4 6 6	91 yrs	
1 11 29		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	WHAT COUNTRY?	8	D NEVER WARRIED D		
1 15 15		Maryland	U	ISA	WIDOWE		Baltimore Cou	nty .
1 11 2 /	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	176 USUAL OCCUPATION	126. KIND OF BUSINESS
1 1300		Woodlawn		West Nort		enue	Hairdresser.	Beauty Shop
3 53 6		AL RESIDENCE (IF NURSING HOME OF TATE 136. COU		N GIVE RESIDENCE BEFORE		124 INISIDE CITY HAAITS 2	112 STREET ADDRESS / 7ID CC)DE
2 经			imore	Woodlaw		YES NO NO	5313 West Nort	th Avenue 2120
1 TANA	14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		1451
- INK		William	H.	TURFLE		Lula	WIDDLE	HORN
9 9 7 7		VAS DECEASED EVER IN U.S. AL	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	NO NO OR UNKNOWN) 11 YES, GI	WE WAN ON DATES)	212-42-9	232	Harry P. Turi	fle, 2806 Herkin	mer Street
hysical poper real, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause po ED BY-	efine lar (a), (b), and	FIDAS	section Cleart	DAY YEAR 14 95 91 YRS. MONTHS DAYS HOURS 14 95 91 YRS. NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY OF DEATH BEAUTY SHOWS STREET ADDRESS / ZIP CODE 5313 West North Avenue 212 MODILE LASI HORN BETWEEN ONSE I AND DE APPROXIMATE INTERVA BETWEEN ONSE I AND DE	
		IMMEDIA	TE CAUSE (a)_	1		wind () rece-		i muy y.
(AA)	1	Conditions, if ony, which	DUE TO,	PRAS A CONSEQUE		diominona	they.	14-16 mon
L Kin 1		gove rise to immediate cause (a), stating the	10)4	20 10 1 60 10 60 15				
The state of		underlying cause lost.	DUE 10, 0	OR AS A CONSEQUE	NCEOF	ente Cerona	y artery Disea	25
ple ple		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION (GIVEN IN PART 1 (a)
The state of	NO.							
1 11010	FICATI	198 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
71 1110	E						YES NOW	TIFYING CAUSES OF DEATH? YES NO
Z S S S S S	CERT	210 ACCIDENT WAS UNDERLYING	110110	OF INJURY A.M. MONTH DA	V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 RART I OR RART ?)
32 111 17	1 d	OR CONTRIBUTING CAUSE OF DE	AIIII	P.M.	19			
14 14 2	MEDIC	21d INJURY OCCURRED		E OF INJURY	nu FIG.	211 LOCATION	CITY OF TOWN	COUNTY STATE
011103	5	AT WORK NOT WHILE AT WORK	TAI HOME, S	THEET, PACTORT, OFFICE, PA	um, erc j			
AD A STATE OF THE		22a I certify that (I) (this hosp	ital) attended	the deceased from	Sen	1 30 19 85	to January 21	, 19.87 , that (I) (we) 1
The Copy is		saw the deceased alive a above, (I) (we) (did) (did n	ALLULA the hod	Walter death	5/2.01	nd that in (my) (our) opinion	death occurred on the date and h	our and from the causes stated
A 2 日本 2 日		226. SIGNATURE	/	die dedin.		DEGREE		224 DATE SIGNED
4 484 F		(Mysuch K	upic	861)		ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	
NE NE L	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			1220 ADDRESS		2011
TO HOSPILL retoined by TO FUNE should be a with the Si		Alexandra	Melle	0) (40)		405 Freder	cle Rd. Caloreson	elle bed 21228.
5 5 5 4 3 X	230.	BURIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP		Burial	2/4/	87 Me	adown	idge Mem. Par	k Elkridge	Howard Mary I.

DHMH - 16 60M 7/84

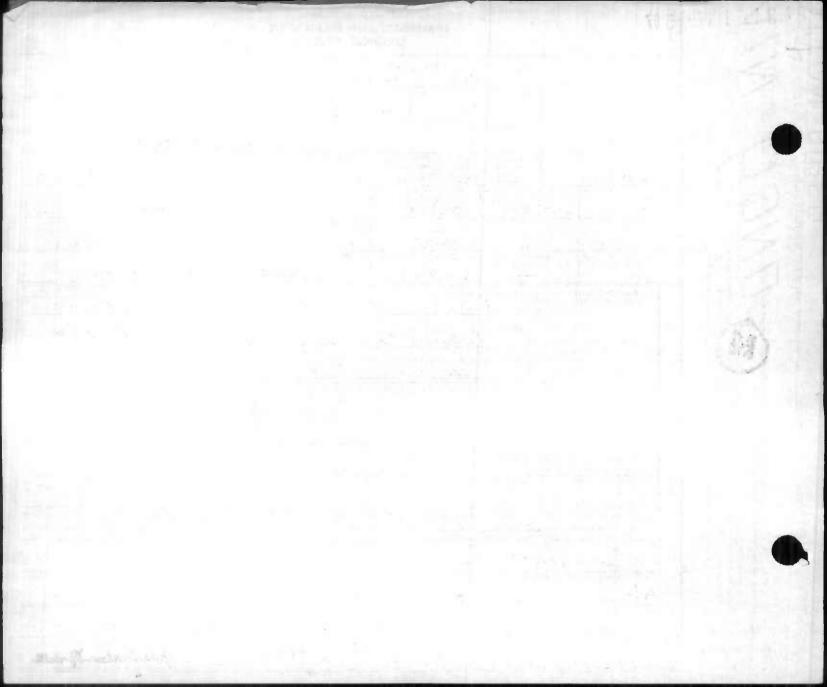
(VRA 15, 4)

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

21229

1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 REG. NO	0	3	O	3	-
ATE OF DEATH	ONTH DAY	VEAR	100	110110	

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	Danis	20 DATE OF DEATH M	2 14 87 1930
3. SE	Female	Black	S. DATE OF BIRTH MONTH 12 Q YEAR 12 YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 74 MONTHS DAYS HOURS A
	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR	COUNTY OF DEATH
10. CI	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
130	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	Y 13CCUY OR TO	YES NO	2628 € 0	ZIP CODE DIWEY S+ Z
14 FA	Janes Janes			S'C WIDDLE	Eddins
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		curity no. 17 Informant Love to	Porter 26	28 E. Oliver
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY.	ondicis feeling to	IRREST	APPROXIMATE INTERVA BETWEEN ONSET AND DE
	Conditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE OF US.	the Danho	
ATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c)	o of Osa		TION GIVEN IN PART 1:0
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE (c)	DUENCE OF OG	20a AUTOPSY?	
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCY OF THE PROPERTY OF	DUENCE OF OF OF ONE OF THE OPERATION WAS PERFORMED 216. HOW INJURY OF THE OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCY OF THE OF INJURY HOUR A.M. MONTH	DUENCE OF O DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQUENCY (c) INDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) Quitended the deceased from	DUENCE OF O DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION 518EE1 O DEGREE ATTENDIA ATTENDIA DEGREE ATTENDIA ATTENDIA OUT OF DEGREE ATTENDIA ATTENDIA OUT OF DEGREE ATTENDIA	20a AUTOPSY? YES NO CCURRED (ENTER NATURE OF INJURY CITY OR TOWN Dinion death occurred on the date	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (1) (this hospital saw the deceased alive on obove, (1) (we) (did) (did not)	DUE TO, OR AS A CONSEQUENT OF THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION FOR WHICE THE CONTRIBU	DUENCE OF O DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION 518EE1 O DEGREE ATTENDIA ATTENDIA DEGREE ATTENDIA ATTENDIA OUT OF DEGREE ATTENDIA ATTENDIA OUT OF DEGREE ATTENDIA	200 AUTOPSY? YES NO COURRED (ENTER NATURE OF INJURY CITY OR TOWN Inion death occurred on the date NG MEDICAL STAFF AN DIRECTOR PHYSICIA	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. Are the sentilicals has been signed by the attention physical be detached for use on the burial transit permit. Then please remove corbon paper in the stars Dept. or theolith and Mental Hygers prior to burial, cremation, or removal.

March Funeval Home 1101 E. Noth Aup FEB 1 9 1987 Julia Distance



in by the funeral director, page 3 se filed within 72 hours offer death

within 24 hours ofter

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or ottending

BP.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	200	0	3	6	S	
	REG. NO.					

R	REGISTRAR		CERTI	FICALE OF DEATH	REG. N	0.	0	0	, ,
U	P. DECEASED NAME FIRST (TYPE OR PRINT) MARY	SUTHERLANI		DAVISON	20 DATE OF DEATH	2 2	8	YEAR 87	26 HOUR 11:09 pm
1	3. SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)		ER) YEAR	IF UNDER 24 HRS
/	FEMALE	WHITE	MON1 ₫	9 1907	79	YRS	MONTHS	DAYS	HOURS MIN.
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANIA	76 CITIZEN OF WHAT COUN	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OF	OR COUN	NTY OF DE		MD.
	TOWS ON	11. NAME OF HOSPITAL, NI GEMC-6701 N.	URSING HOME	OR OTHER INSTITUTION	17a USUAL OCCUPAT	OF WORKING	GLIFE) INC OMETIA	DUSTRY	F BUSINESS OR
5			TOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 230 C CROC			E 2	1014
1	GEORGE	MIDDLE LAS SUTHE		15. MOTHER'S MAIDEN NA. FIRST MARTHA	WIDDLE		HA	RRIS	ON
2	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	IVE WAR OR DATES)	SECURITY NO. 2.3608	17 INFORMANT ROBERT E. DAV	1571 F	ULLE			CO. 80918
	Conditions, if ony, which gove rise to immediate covide to immediate underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W	G TO DEATH BU		NINAL DISEASE OR CON	20b IF	YES, WERI	E FINDIN	NGS USED OF DEATH?
7			I DAY YEAR	71c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM	YES []	PART 2)	но 🗌
	CITY OF CONTRIBUTING CAUSE OF DIESE OF	21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	co	VINUC	STATE
		oitol) ottended the deceased fin		nd that in (my) (our) opinion	, to2/8 death occurred on the d	ote and h	, 19		that (I) (we) lost
	77b. Sicharde			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN X	22	2/8/	
9	VIK POONAI			GBMC-6701 N					
	23a. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		COUN	UT V	STATE
	BURIAL	2/11/1987	ARLING	ON CEMETERY	DREXEL HI		ELAW	ARE	PA.
	74 FUNERAL DIRECTOR	ADDE	RESS	250. DAT	E REC'D. BY REGISTRAR	25h. REG	ISTRAR'S	SIGNATI	URE
	WALTER BROOKS BRA	ADLEY, INC BALL	LIMORE,	MD 51555 L.E	DY W IOOL	0			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol, IMPORTANI: If hem 21 is marked or them 18 shows any injury, or a

EG ED:21 7

6/2 = 7

2 03-1701 C. Canada 61.

	y be		Anne	M. Dawes			7 3681 191
	ctor, po	3. SEX	4. R	COUC	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS ME
	erol directory 72 hours		RTHPLACE (STATE OR FOREIGN 76 (OUNTRY)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	B 56 0	II CI	DEMONA, N.J.	NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	N 126. KIND OF BUSINESS O
10 1	by the fi	CC	ckeysville	IN HOLIN SUCH FACILITY, GIVE STREET A		Teache	
ND 212	filled in portable	130. S	A RESIDENCE IN NURSING HOME OR OTHE TATE 136 COUNTY	TO COCKEY	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / 1	ZIP CODE 21030
MARYLA	Og Cale	14 FA	THER'S NAME FIRST MIDD		15 MOTHER'S MAIDEN N. RST. MARY		Brines
MORE, A	e execute nond cor		AS DECEASED EVER IN U.S. ARMED		370 LYELL C. I	awes JR.	N.H.
r., BALT	physics by the control of the contro		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	Palleland			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
I W. PRESTON S			Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO OR AS A CONSEQUE	NCE OF A	^	ASCULAR DISEASE
RDS, 20	squires squires Then plus no burs no hurs, a	NOI	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 11a
A RECO	1	RTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VITA	CLAN. T	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PART 2]
DIVISION	otherding steeper	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	N COUNTY STATE
ō	TTENDIN Photo or for use of Health 21 is man		22a.1 certify that (1) (this haspital) saw the deceased alive on above, (1) (we) (did) (did not) vi	2-26/ 198	1-16 , 1985 7_, and that in (my) (our) opinion	to 2-26 deoth occurred an the date	e and hour and from the causes stated
	AL OR A the host AL DIFFE estuched to Dept.		72b. SIGNATURE	Lane Dh	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
	HOSPIT.	1	77d PHYSICIAN'S NAME (TYPE OR PRI		27e ADDRESS		PHOENIX, Md.
	5 5 5 4 1 F	23e B	URIAL, CREMATION, REMOVAL 2		AME OF CEMETERY OR CREMATORY		

2-28-87

Henry W. Jenkins & Sons Co., Balto., Md.

045765 HAR

BP_

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE

1 DECEASED NAME

STYPE OR PRINTE

REGISTRAR

Cremation 24 FUNERAL DIRECTOR

FIRST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Green Mount

REG. NO.

2b. HOUR

more Co. MD.

EDUCATION

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Balto.,

MAR O

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

_, that (1) (we) last

Md.

20 DATE OF DEATH MONTH

Tapan which said for predimary)

Lyell C. nowes IR. N.H.

y by by

MULTIPLE CENEDROYBECULA P. AreasenTS

HYPER TERMINE ANNEADED FOR INCOME INCOME INCOME.

43/12/2

Walter N. Hebrier 111 M.D. 3313 Arerold Ed Phoenic Md.

death

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

BP.

n.7.2 hours offer death()

STATE OF MARYLAND 1 - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	3	Ó	5	
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		REOBIRAR					REG. NO.			
-E3	1. DE	CEASED NAME FIRST ROT	neo	Joseph		eFlora		9, 198	7	26 HOUR Sam
	3. SE	Male	4 RACE Whit	e	S. DATE (6. AGE (IN YEARS LAST BIRTHO	MON YRS.	INDER I YEAR	IF UNDER 24 HRS
7	7a BI	RTHPLACE (STATE OR FOREIGN OUNDER) New Jersey		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	Baltimore city or Baltimore	COUNTY OF		MD
0	10 CI	TY OR TOWN OF DEATH Glyndon	11. NAME OF	HOSPITAL, NURSIN	SWOTT	h Ave.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Dentist		INDUSTRY	istry
5	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME TATE 136. CO Maryland B		Glyndon		13d INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS / Z 409 E. Cha	ZIP CODE atswor	th Av	21071 e.
30	14. FA	THER'S NAME Angelo	MIDDLE	DeFlora		IS. MOTHER'S MAIDEN NA Carmela	WE		LaS'c	ala
1		VAS DECEASED EVER IN U.S., 10 OR UNKNOWN) (IF YES, NO	RMED FORCES? GIVE WAR OR DATES)	219-05-		Geraldine D	eFlora Glynde	Chat	swort	h Ave.
1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	only one couse pe SED BY: ATE CAUSE (a)	er line for (o), (b), and	d (c).)	emember	y one		BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b)_	DR AS A CONSEQUE	nie	Canzalle	7 least en	Lulia	10-	year
	VIION	PART 2. OTHER SIGNIFICAN				NOT RELATED TO THE TERM		TION GIVEN		
7	CERTIFICATION				OFERATIO		YES NO	IN CERTIFY IN YES	G CAUSES	
9	-	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	CAIR	DFINJURY I.M. MONTH DA I.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	IN ITEM TO PART	I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	J	COUNTY	STATE
		220.) certify that (1) (this has saw the deceased alive above, (1) two) (did) (did	5-5	10 %	7.0	nd that in (mg) (our opinion	death occurred on the date	ond hour or	od from the	that (1) (we) lost couses stated
		276 SIGNATURE	Ser			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	'N 🗆	221. DATE	SIGNED - 87
1		MO PE	ANC I	man		5400	300 COU	per o	10	
		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY thedral Cemete	23d LOCATION CITY OR TOWN ETY Baltimore	e, Mar	ounty yland	STATE
/B4	24. F1	HERAL DIRECTOR	and for	ings Mill		25a. 1 A		b BEGISTRAF	R'S SIGNAT	URE Randaes

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO A LONG TO STREET AND THE PARTY OF THE PAR Tork care stant. 194 X america .arini daelaye AVA AD THE REAL PROPERTY OF THE PROPERTY OF TH wings Millian Mr.

attending physicion and campletely filled in by the funeral director. page 3 action papers. Pages 1 and 2 should be filed within 72 haurs ofter death

Pe

denth certificate be executed within 24 hours

ALTENDING PHYSICIAN: The

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

IENE

0 3 6 6

7	0.7	REGISTRAR				CERTI	FICATE OF DEATH	٥	EG. NO.	U	3	0 0	
1		CEASED NAME	FIR51		MIDDLE		LAST	20. DATE OF DEA		TH DAY	YEAR	26 HOU	JR
	(TYPE	OR PRINT)	arles	E			Delker		2	25	87	3:35	P.M
	3. SE)	X		4 RACE			OF BIRTH	6 AGE (IN YEARS)	AST BIRTHDAY		INDER 1 YEAR		
		Male	3.13	Whit	e	10		91		YRS.	THS DAYS	HOURS	MIN.
-	Pa. 81	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRII	ED NEVER MARRIED	9 BALTIMORE					
		aryland		U.S.A.		WIDOW	ED DIVORCED	Baltio	mre C	ounty	7		MD.
X	10. CI	TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12e USUAL OCC		KING (IFE)	126. KIND (OF BUSINE	ESS OR
2		andelstown			urt Nursi			Decorate	or		Furni	ture	Co.
5	13a. S	AL RESIDENCE (IF NURS STATE Maryland	13b. COUN		13c. CITY OR TOWN		136 INSIDE CITY LIMITS?	13e STREET ADDI				100/	
-	_	THER'S NAME	Ба	ILU.	TOWSOIL		YES NOX	7508 Re	cksna	am Dr	. 4	1204	
2		Charles		MIDDLE	Delker		Elizabet		DDLE	E	aster		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	,	ADDRESS				
	(1	NO OR UNKNOWN)	(IF TES, GIV	E WAN ON DATES!	215-07-	6266	Mrs. Marilyn	Pohlman	Sar	ne as	13e		
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), one	dien	0				BETWEEN	IMATE INTER	DEATH
		PART I. DEATH W		D BY: E CAUSE (a)	CI	B	lead						
		C. 105	771171201711										
		Condition of	4.1	DUE TO, O	R AS A CONSEQUE	NCE OF	CA						
1		Canditions, if any gove rise to imi	mediote	(b)		~~~	Crt						
-		couse (o), statis underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF							
				((c)									
	z	PART 2. OTHER SIGI	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITIO	N GIVEN	IN PART I	0	
7	CERTIFICATION	19s DATE OF OPERA	TIPONI	Top. count	TION FOR WHICH	ODERATE	ON WAS PERFORMED	20s AUTOPSY	- Inn	IE VEC W	ERE FINDS	NOS CHES	
1	IFIC/	THE DAIL OF GREEK	THUT'S	148. CONO	HUNTUR WOLFT	OCERMIN.	JH WAS PERFORMED		IN:	CERTIFYIN	KG CAUSES	OF DEAT	THE
	ERTI	21s. ACCIDENT WAS UN	DERLYHO, I	I JII TIME O	FINIURY		THE HOW INJURY OCCURS	YES NO		YES [NO [_
H		OK CONTRIBUTING []	CAUSE OF DEA	HOUR A	M. MONTH DA		200,01900,0000,0000,0000	CENTER OUTSING	H MINDS TO SE	Con 18 years	Constant 21		
	MEDICAL	214. INJURY OCCUR		Tie PLACE	The second secon	19	ZII. LOCATION				_		
	ME	ment I'l norwe			EET FACTORY OFFICE FO	MW \$103	\$1000	Cit	CBTOWN		COUNTY	- 16	TWIE
		77n I certify that	-	all amonded the	- 45500 - 144 0 - 1	-	7.3		2	100	50		
		saw this decivar	ed classes	2/2	y w	87	Ad the Fir (my lour) opinion i	death occurred on	the date or	nd hour six		that (i) (s	
		17h SIGNATURE	did to	Diew 1) body	offer depth/	11	deduce 1				22c DATE		,
d		dit.	m	111	free	of I	ATTENDING PHYSICIAN T	MEDICAL DIRECTOR D	STAFF		2	126	18
		22d PHYNCHA'S N	AME STEED	0-111 0	1	1	77 ADDRESS	3	TO GREAT		-	-	-
		Alan M. Si	horofs	sky M.D.	1		660 Kennily	worth Dr.	212	204			
	23a 8	URIAL, CREMATION,	REMOVAL				CEMETERY OR CREMATORY	23d LOCATION	4		OUNTY		TATE
		SPECIFY) Burial		2/28/87	Lot	ıdon	Park Cemetery	Balto	-				Md.
		JNERAL DIRECTOR	-	1 27	- ADDRESS	105		E REC'D. BY REGIS		REGISTRAL	R'S SIGNAT	URE	
	R	uck Towson	n Fune	eral Hom	ie, Inc.	102	O York Rd FEE	326 1987	1 Ju	lia Da	order.	Cinda	A.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this centricor should be detoched for use os the buriol-tron with the Store Dept. of Health and Mental Hy. MPORTANT: If Hem 21 is marked or them 18 st

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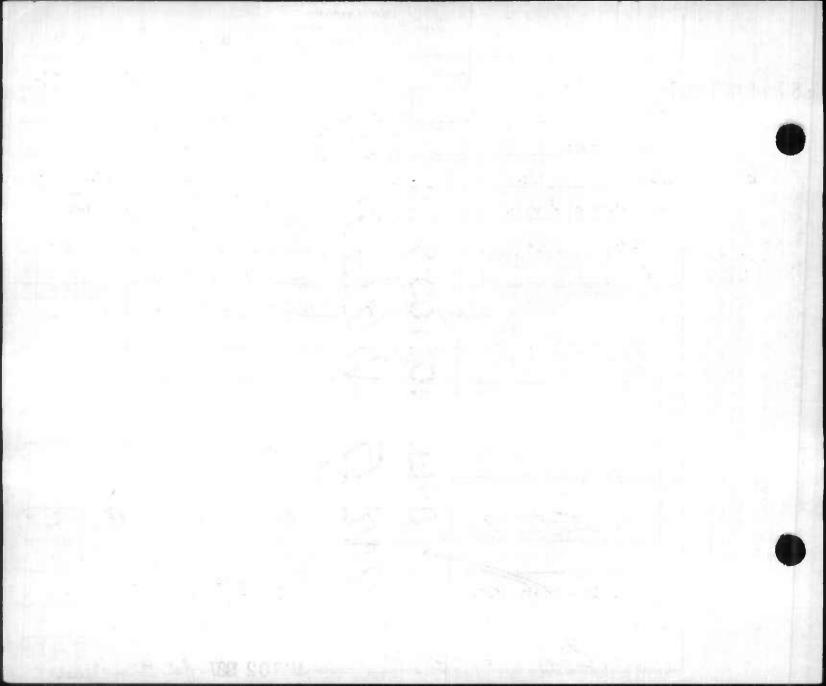
ITO HOSPITAL OR ATTENDING PHYSICIAN. The low retoined by the hospital or attending physician.

DHMH - 16 60M 7/ (VRA 15, 4)

executed within 24 hours after death Page 4 Maybe

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	1-	FOR STATE			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0	3 6	5
		REGISTRAR				REG. N			
		CEASED NAME PIRST	WIDDLE		AST		MONTH DA	41	h HOL
2	7	John	Richai	rdson De	eMaine		Feb. 72	6 1987	29
-3	3 (SE)		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR			FUNDER
	V	Male 🚜	White	June		84	YRS		
12		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
1		Pennsylvania	USA	WIDOWE	_	Baltime	ore Co	unty	
11	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		ROTHER INSTITUTION	12 USUALO	ION	126. KIND OF E	BUSIN
0	To	wson	Stella Maris	and the same of th	The Contract	Pipe Fitter		Phila.	E
7:	USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESID	DENCE BEFORE ADMISSION)	,	Supervisio		99	CO.
100		ennsylvania Del		ingfield	134. INSIDE CITY LIMITS? YES NO 🛣	23 Conq		Ve. / 19	064
01		THER'S NAME	lobi.	Ingricia	15. MOTHER'S MAIDEN NA	ME	1000 /1	VC1, 15	00
7	7	John T	homas De	Maine	Nettie	MIDDLE		Richard	den
	160 V			CIAL SECURITY NO.	17. INFORMANT	ADDRI	ESS	Kichar	asc
5	8	VES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 164	4-07-6395A	Janet D. K	elly 124 T	regaro	ne Rd.	2
	-	18 CAUSE OF DEATH (Enter			Juliet D. K	City, 121 1	reguio	APPROXIMA BETWEEN ON	
		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A C	CONSEQUENCE OF	te & Metas				
	TION	gave rise to immediate cause (a). Stating The underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) IT CONDITIONS CONTRIBU	ONSEQUENCE OF	NOT RELATED TO THE TERM				
2	TIFICATION	gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) IT CONDITIONS CONTRIBU	CONSEQUENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDING ING CAUSES OF	FDEA
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29		gave rise to immediate couse (a). Stating The underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) LIM TO say the deceased give above, (1) (we) (did 1) and	DUE TO, OR AS A C 1b) DUE TO, OR AS A C (c) IT CONDITIONS CONTRIBL 19b CONDITION FO 19b CONDITION FO P.M. 21b. TIME OF INJUR HOUR A.M. MC P.M. 21c PLACE OF INJU (AI HOME STREET, FACTO SENTEN SENTEN OTHER OF INJUR HOUR A.M. MC 10c PLACE OF INJUR (AI HOME STREET, FACTO SENTEN SENTEN OTHER OF INJUR OTHER OT	CONSEQUENCE OF CONSEQUENCE OF JTING TO DEATH BUT I DR WHICH OPERATION Y ONTH A TAR ONTH A TAR ONTH A TAR ONTH O	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI 21f LOCATION STREET 19 27 d that in (my) (aur) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR IC To deoth occurred on the d	20b. IF YES, IN CERTIFY, YES SHY IN ITEM 18 PAR	WERE FINDING ING CAUSES OF THE COUNTY OF THE	P DEA NO [
29		gave rise to immediate couse (a). Stating The underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) LIM TO say the deceased give above, (1) (we) (did 1) and	DUE TO, OR AS A C 1b) DUE TO, OR AS A C (c) IT CONDITIONS CONTRIBU 19b CONDITION FO 19b CONDITION FO P.M. 21b TIME OF INJUR HOUR A.M. MC P.M. 21e PLACE OF INJU (AI HOME STREET, FACTO spito) oftend in the decoration of the body after de	CONSEQUENCE OF CONSEQUENCE OF JTING TO DEATH BUT I DR WHICH OPERATION Y ONTH A TAR ONTH A TAR ONTH A TAR ONTH O	NOT RELATED TO THE TERM N WAS PERFORMED 21t HOW INJURY OCCURI 21t LOCATION STREET 19 4 that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO , 10 2/2/2 deoth accurred on the d MEDICAL STA DIRECTOR PHYSK	20b. IF YES, IN CERTIFY, YES SHY IN ITEM 18 PAR	WERE FINDING ING CAUSES OF THE COUNTY. COUNTY. 9	P DEA NO [
29		gave rise to immediate cause (a). Stating The underlying cause lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) LIM TO Saw the deceased give above, (I) (I/ve) (did) (and 27b. SIGNATURE)	DUE TO, OR AS A C 1b) DUE TO, OR AS A C (c) IT CONDITIONS CONTRIBU 19b CONDITION FO 19b CONDITION FO P.M. 21b TIME OF INJUR HOUR A.M. MC P.M. 21e PLACE OF INJU (AI HOME STREET, FACTO spito) oftend in the decoration of the body after de	CONSEQUENCE OF CONSEQUENCE OF JTING TO DEATH BUT I DR WHICH OPERATION Y ONTH A TAR ONTH A TAR ONTH A TAR ONTH O	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURING 216 LOCATION STREET 19 27 d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [226 ADDRESS Stell	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJU CITY OR IC . to 2/2/6 deoth occurred on the d MEDICAL STA DIRECTOR PHYSIK a Maris	20b. IF YES, IN CERTIFY! YES OWN Tote and haur of	COUNTY 22c. DATE SIE 2 / 2 (of (I) (uses st
29	MEDICAL	gave rise to immediate couse (a). Stating The underlying cause lost. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (JETHER, NOTHER MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTHER MEDICAL EXAM) 220. I certify that (1) LIM TO Saw the decorate glive above, (1) (we) (did) (2) and 22b. SIGNATURE	DUE TO, OR AS A C 1b) DUE TO, OR AS A C (c) IT CONDITIONS CONTRIBU 19b CONDITION FO 19b CONDITION FO P.M. 21b TIME OF INJUR HOUR A.M. MC P.M. 21e PLACE OF INJU (AI HOME STREET, FACTO ADDITION OF THE CONTRIBUTION OF T	CONSEQUENCE OF CONSEQUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR! 216 LOCATION STREET 19 27 d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [2300 Dillaney	ZOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO TO DIRECTOR PHYSIC A MARIS Valley Rd. 1234 DOCATION	20b. IF YES, IN CERTIFY! YES DWN ate and haur	COUNTY 22c. DATE SIGNATOR MD 2.	ort (II) (Uses standard GNED 6/8
29	WEDICAL	gave rise to immediate cause (a). Stating The underlying cause lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) LIM TO Saw the deceased give above, (I) (I/ve) (did) (and 27b. SIGNATURE)	DUE TO, OR AS A C 1b) DUE TO, OR AS A C (c) IT CONDITIONS CONTRIBU 19b CONDITION FO 19b CONDITION FO P.M. 21b TIME OF INJUR HOUR A.M. MC P.M. 21e PLACE OF INJU (AI HOME STREET, FACTO ADDITION OF THE CONTRIBUTION OF T	CONSEQUENCE OF CONSEQUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURING 216 LOCATION STREET 19 27 d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [226 ADDRESS Stell	ZOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO TO DIRECTOR PHYSIC A MARIS Valley Rd. 1234 DOCATION	20b. IF YES, IN CERTIFY! YES DWN ate and haur	COUNTY 22c. DATE SIGNATOR MD 2.	F DEA NO D



IMPORTANT: If Item 21 is

	1.	FOR STATE			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE 8	D	3 8	5 6 2
2000		REGISTRAR				CERTIF	CATE OF DEATH	REG. N	0.		
2020	1-DE	PASED HAME	FIRST WI	LLIAM	EDWAR	D	DEVERS	20 DATE OF DEATH		DAY YEAR	2b HOUR
deoth deoth 3		WI	11191	n		DE	VERS		<u>a</u>	1 1987	6:3/A
g - Fer	3. SEX			I. RACE		5. DATE C	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MI
urs o	/	MAIC		Wh	ITE	08	25 03	83	YRS.		
\$ \$7 50 ×		COUNTRY)	REIGN	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
		VIRGIN	19	Unit	ED States	WIDOWE	-	BALTO,	Cc	UNH	<u> </u>
by the fulled with		OWSON	н		HOSPITAL, NURSIN H FACILITY, GIVE STREET		rother institution	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST C Retired -	F WORKING LIF	E) INDUSTRY	OF BUSINESS
filled in to filled in the fil	USUA	L RESIDENCE (IF NURSIN	3b. COUN		GIVE RESIDENCE BEFORE	'N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		21204
意の意力		THER'S NAME		IDDIE	LAST	/11	15 MOTHER'S MAIDEN N		181		des
s lo		narles /AS DECEASED EVER IN	V U.S. ARA	AED FORCES?	Devers	JRITY NO.	Lula 17. INFORMANT	Amt 202 ADDR	SSCree	nbelt,	
s. Pages 1		ES, NO OR UNKNOWN)		WAR OR DATES)	100			Apt.202 ADDR Devers -77		nover	Pkwy.20
a physical onpoper emovol.		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED	one couse per BY: CAUSE (a)	line far (a), (b), an	/ /	n Fibrilla	tion		1/1	XIMATE INTERVAL NONSET AND DEAT
freding arr		Conditions, if ony,	which	DUE TO, OI	R AS A CONSEQUE		ension			101	h-1
outo Time of the or other tro		gave rise to imme cause (a), stating underlying cause	ediate the	DUE TO, OI	R AS A CONSEQUI	//	Sepsis			10	hul
gne n p bur ry, or		PART 2 OTHER SIGNI	FICANTO	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1	ıa
The or to	Į.			Senal	Faile	ul					
has be	ERTIFICATION	19a DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPŠÝ?	IN CERTIF	, WERE FIND YING CAUSE S	INGS USED S OF DEATH? NO [
al-tronsitate dal-tronsitate Hyginem 18 sh	O	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21s. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM TS F	ART I OR PART 2)	
er this cer is the burio and Meni ked or ite	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE			211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
OR After Use os Health		22a 1 certify that (1)	his hospite	ittended the	deceased fram_	Feb.	d that in (my) (our) apinia	death occurred on the	7	19 87	, that (I) (we) I
L DIRECTO tached for e Dept of If Hem 21		abave, (I) (we) (die 27b. SIGNATURE		view the bady	after death.		DEGREE	MEDICAL STA	FF V	22c DAT	
N de de		-	, ,,,	-	~	h	PHYSICIAN	DIRECTOR PHYSIC	IANC	10	111

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signe should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to burn

retained by the hospital or attending TO HOSPITAL OR ATTENDING

BP.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial 2-10-87

24 FUNERAL DIRECTOR

Buescher 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

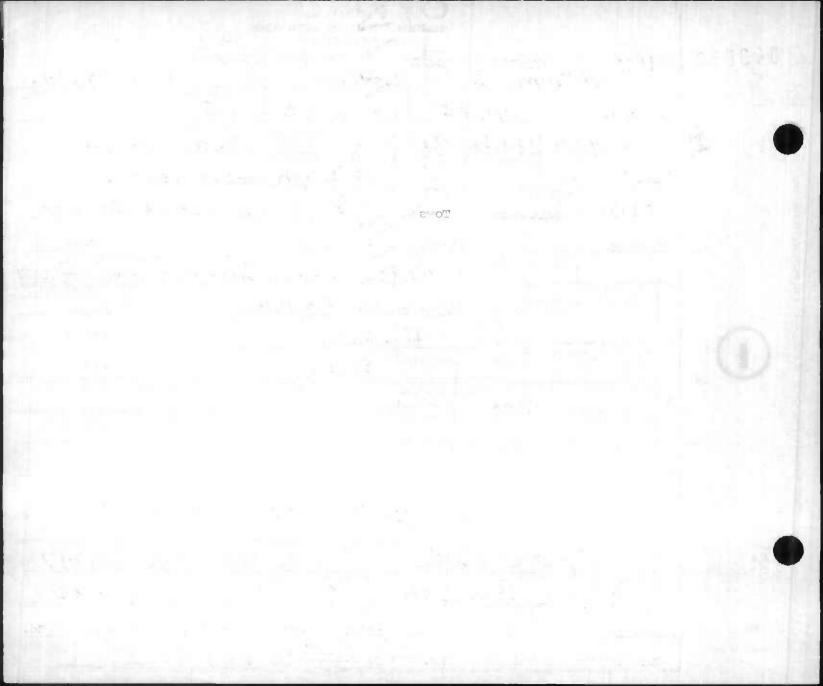
COUNTY

STATE

Md.

Balto., Clynmalira Cemetery 1050 York Rd. 250 DATE REC Phoenix 25b. REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204



045748

STATE OF MARYLAND

8	REG. NO.	0	3	6	6	

-	318	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. N	o. 0	3 6	6	Q.
		CEASED NAME SATA	h 4 RACE), 9 0 5. DATE C		20. DATE OF DEATH 2/27 6. AGE (IN YEARS LAST BE		FUNDER I YEAR	11:50	OM
	/	Female	wn	ite	3	13 '95	91	YRS	JNIHS DAYS	HOURS	MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY	OF DEATH,		
/	_	Md.	и.		WIDOWE	- 12	BALTO	Co			MD.
	1	TOWSON	Ste 1	HEACHITY, GIVE STREET AD	DORESSI Q T 1	5 Hospice	(TYPE OF WORK FOR MOST O Homemak	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINES	SOR
5	130. S Ma	AL RESIDENCE (IF NURSING HOME OF STATE 13 COUNTY HART	ITY	134. CITY OR TOWN Fallstor		13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS 2504 Ain	zip code	ane, 2	1047	l in
7/	14 FA		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST		
42	14. 9	Robert	J.		hett	Georgian	na	Ecc	В	cyles	
_	0	VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (1F YES. GN	E WAR OR DATES)	166 SOCIAL SECURI	-311	5 te 1/a	Maris	_	ords		
	NO	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate cause (to), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (D BY: E CAUSE (o) DUE TO, OI (b) DUE TO, OI (c)	ACUTE RAS A CONSEQUEN RAS A CONSEQUEN	M NCE OF SC. V	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE		MATE INTERV.	EATH
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	700 AUTOPSY?		WERE FINDIN		1?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DAY	YEAR	. 21c. HOW INJURY OCCURR					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC]	ZII LOCATION STREET	CITY OR TO	OWN	COUNTY	STA	ITE.
		27e I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	2/2	-7/ 19 8	7 . 01	nd that in (my) (our) apinion a	to 3/27 death occurred on the d	ote and hour	/	hat (I) (we ouses state	
		27b. SIGNATURE		1		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN .	27c. DATE S	27/	187
		Eddie M	akh	uda.	MJ	2300 D	ulaney	Val	1e1	Rd	7
	23e. E	BURIAL, CREMATION, REMOVAL	73b. DATE	73c NA	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STA	JE
	1	Burial //	3/2/87	, I	loly	Redeemer Cen	n. Baltimo			Mc	
	14.19	VE Buil do	mm	ADDRESS		IMAR	02 1987	4	AR'S SIGNATI	JRE	
	-/	J. E. Lowell L	emmon,	10 W. Pa	donia	Kd.					

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



letely filled in by the funeral director, page 3 d 2 straid be in thin 72 hours ofter death

Poges 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the officer of a should be detached for use as the burnal-transit permit. Then please remains instrument with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remayal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event,

retained by the hospital or attending physician.

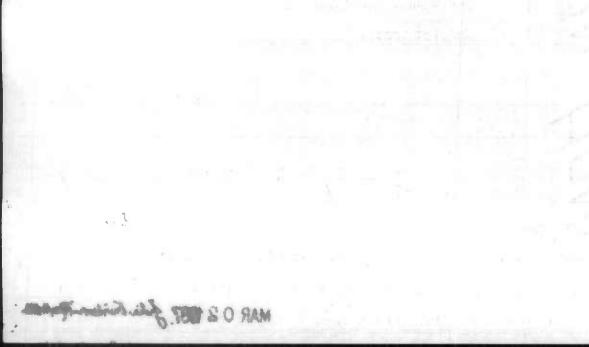
BP.

STATE OF	MARYLAND
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8	REG. NO.	0	3	Ó	0	6
				-		

	FOR STATE REGISTRAR			D		EALTH AND MENTAL HY	GIENE 8 REG. N	0	3 0	0 4
	CEASED NAME	FIRST		WIDDLE		LAST		MONTH DAY	YEAR	2b HOUR
(ITPE	OR PRINT)	Doroth	ıy	E.	DINK	ELMAN	February 2	7. 1987		1.05 PM
3. SEX	(4. RACE		5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIE		NDER I YEAR	IF UNDER 24 HRS
	Female	2	Ç,	hite	5	3 23	63	YRS.	ns DATS	MOURS MIN.
	RTHPLACE (STATE	OR FOREIGN	b CITIZEN C	OF WHAT CO	UNTRY?	D A NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
	ennsylvar		U.S		WIDOW	ED DIVORCED	Baltimor			MD.
10 CI	TY OR TOWN OF D	DEATH	11. NAME C	OF HOSPITAL,	NURSING HOME (IVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		26 KIND O	F BUSINESS OR
	r'ssex				quare Hos	spital	Secretary		Const	ruction
13a S	ALRESIDENCE (IEN TATE aryland	136 COUN		13t. CITY O	ce before admission) or town lleriver	136 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 605 F. SO:		. 21	220
14 FA	THER'S NAME		AIDDLE		LAST	15 MOTHER'S MAIDEN NA			LAST	
-	Albert		М.		Donley	Mary			Carr	
	VAS DECEASED EV		MED FORCES		AL SECURITY NO.	17 INFORMANT	ADDR	ESS		
	NO				16-1790	Jay C. Din	kelman 1935	Stanho	_	
	18 CAUSE OF DE	ATH (Enter on	y one couse	per line for (o)), (b), and (c).)				BETWEEN	MATE INTERVAL DISET AND DEATH
	PART I. DEATH		E CAUSE (o)	Resp	piratory .	Arrest				
NO	gove rise to couse (o), sto underlying cou	oting the use lost	((c)	or as a co Carc	c encephoseouence of liac arrespondence but the		MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	1
CERTIFICATION	19a DATE OF OPE	RATION	19b. CON	NDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	ERE FINDING CAUSES	OF DEATH?
	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MON P.M.	ITH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	216. INJURY OCCU	WHILE WORK		CE OF INJURY STREET, FACTORY	COFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that	di (this hospit dised alive on) (did) (did not	Fehri	the deceased 12 2 2 2 7 dy after deal	from Janua 	nd that in (n v) (aur) apinion DEGREE	deoth occurred on the d	ate and hour on	87, to d from the c	coures stated
	0.6	Bear (>			ATTENDING PHYSICIAN	MEDICAL STA		2/2	7/87
	22d. PHYSICIAN'S	NAME LIME OF	PRINT)			22e. ADDRESS				
	L. Be	easley,	M.D.			9000 Fran	klin Square	Drive,	212	237
	SURIAL, CREMATIO	N, REMOVAL	23b. DATE		23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	20	YINUC	STATE
	Bur		3/2/	87	Loudon	Park cemeter	y Baltimore	9	Ma	ryland
	INERAL DIRECTOR				DDRESS.		TE REC'D. BY REGISTRAR	256 RESISTRAR	SIE VAI	UR.
H	ubcard Fu	neral	Home,	Inc. 4	107 Wilke	ens Ave.	MAN U 4 BO	1.0		.,

DHMH - 16 60M 7/B4 (VRA 15, 4)



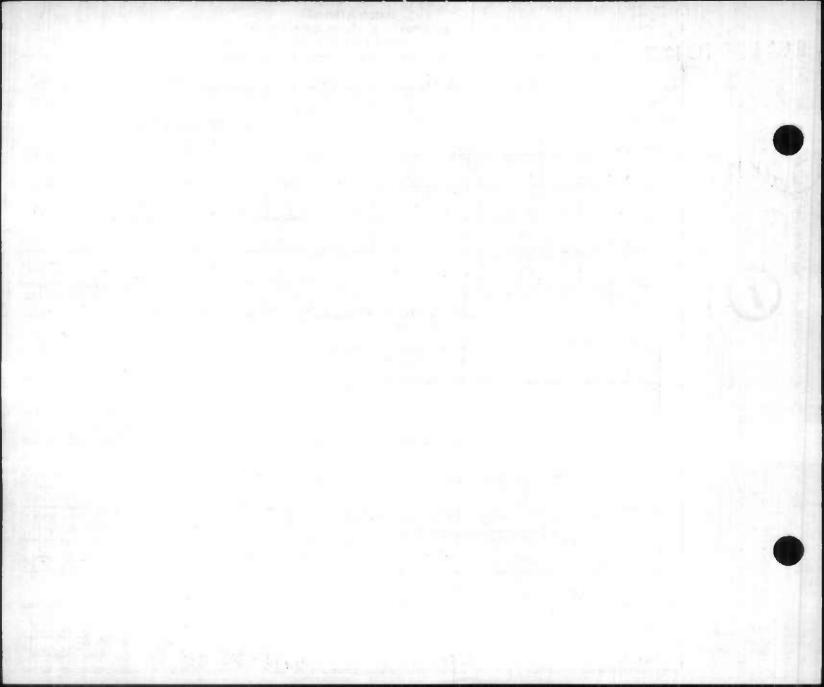
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 REG. NO.	0	3	6	6	4
			_		_

20		FOR STATE CREGISTRAR		DEPARTN		IEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 REG. NO	. 0	3 6	6 3
9		CEASED NAME FIRST	,	MIDDLE	l	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(TYPE	JAM	ES 7	POBFRT	I	00DG6		2 13	89	0925
91	3. SE)		4 RACE	- 00.4.	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS.
	,	Male	Whi	te	10		79	YRS	VTHS DAYS	HOURS MIN.
2-	7a. BI	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	FDEATH	
6		Maryland	U.S	S.A.	WIDOWE		Baltim	ore Co	ounty	MD
7		ITY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION		BUSINESSOR
2		andal1stown/	Baltin	nore Cou	nty	Gen. Hospita			Seli	£
70	SUA Ila S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
2	Ma	ryland \Ca:	rroll	Sykesvi	11e	YES NOXX	C-107 720		d Ave.	21784
	H FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
X)	1	James L	ynn	Dodge	:	Katharin	е		Your	
0		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	C-107 PRE	7200 5	Third	Avenue
4	-	YES		405-28-	5652	Ruth E. Do	dge Sykes	ville	, MD 2	21784
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per	line (), (b), and	dice	+ 0	$0 \geq 0$		BETWEEN ON	NATE INTERVAL
			TE CAUSE (a)	Incum	cone	les dena	& Packer	ne	9	days
			DUE TO, O	R AS A CONSEQUE	NCE OF					
		Canditians, if any, which	(b)							
п		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
			(c)							
	N	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART Tra	
-	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDING	
1	TIFIC						YES NO X	IN CERTIFYIN	NG CAUSES C	DF DEATH?
_	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c. HOW INJURY OCCURR		-		
1		OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH DA	YEAR					
8	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION	CITY OF TO	NAME:	COUNTY	STATE
	W	NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC]	STREET	CITTONIO	WIN	COUNT	STATE
		220.1 certify that (It (this hasp			2	14 19 87	_, to	19.	87 , th	hat (I) (we) last
		saw the deceased alive ar abave [M] (we) (did) (did n e	Liview the bady	after death.	7.0	nd that in form (aur) apinian d	leath accurred an the d	ate and havr a	nd fram the co	auses stated
		22b. SIGNATURE		10		DEGREE			22c. DATES	IGNED
r		Man	71	-10		ATTENDING PHYSICIAN	MEDICAL STAI		1	3/89
		220. PHYSICIAN'S NAME COPE	PRINT			22e ADDRESS	- 0	- 0		
		1 / our	21.	No 1	10	13.	C. G. 1	4.		
	23o. E	BURIAL, CREMATION, REMOVAL				CEMETERY OR CREMATORY	23d LOCATION	· ·	OUNTY	STATE
		Cremation	02-13	3-87 Ca	rrol	1 Cremation	_		1,0501,1	I BAD
		UNERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR	251 REGISTRA	HE SIGNAL	RE'
		HATCHT FUNERA	L HOME	SYKESVI	LLE,	MD	ED J 1 1987	Simerar 6	Proposition Sign	-0

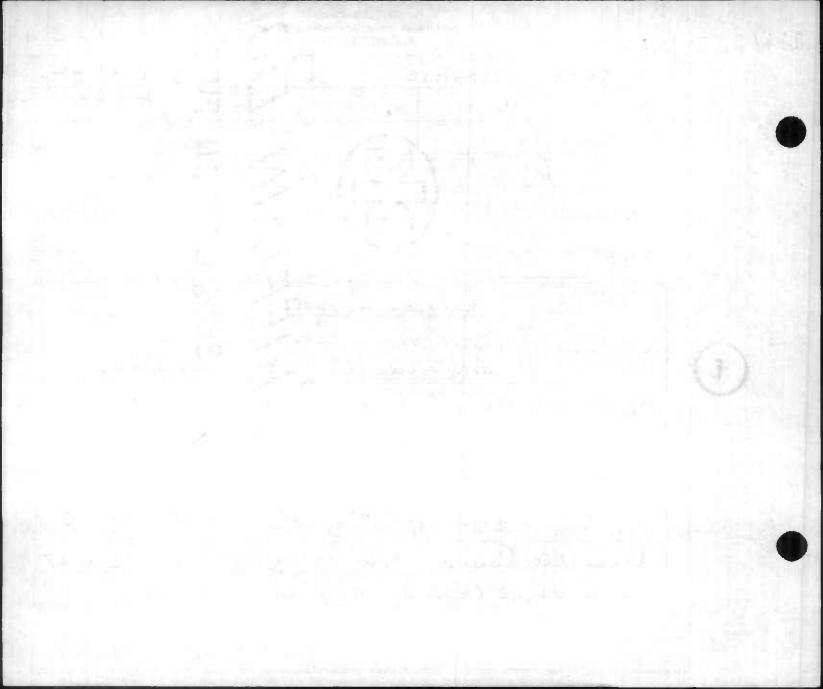
DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E	FOR STATE 7 REGISTRAR		CERTIFI	CATE OF DEATH	IENE 8 REG. NO.	0 3 5 6 6
	1. DECEASED NAME FIRST	DONAL	74E "	ST	20 DATE OF DEATH MONIN	11-87 735 em
	3. SEX EMALE	4 RACE HITW	5. DATE OF OTHER	66 1 ⁶ 904	6 AGE (IN YEARS LAST BIRTHDAY) 82	FUNDER : YEAR FUNDER 24 HRS MONTHS BATS MOURS MIN.
2	70 BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED WIDOWEL	NEVER MARRIED 🔀	9 BALTIMORE CITY <u>OR</u> COU BALTIMORE CO	
>	RANDALLSTOWN			NERAL HOS.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY
5	USUAL RESIDENCE (IF NURSING HOME O		SVILLE	13d INSIDE CITY LIMITS?	13. SIREEL ADDRESS / ZIP C SPRING GROVE	STATE HOSPITAL
0	14 FATHER'S NAME FIRST	MIDDLE EAS	51	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		17 INFORMANT Mrs. Mariorie	Richmond Dept	of Aging 21204
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line to: (0), (Arvast		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
)	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) FICE V DUE TO, OR AS A CONS (c) ATTEX	Simple OF Security of the Signature of t	rotic Caval	yudrowe Rooasculur o	
2	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	Tuked	trou - Prob		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \ NO \
0	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)
	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27a. 1 certify that (1)(this hosp sow the deceased give or abave (1)(we) (blid) did no	ital) attended the deceased f	19.87 one		eath occurred on the date and	hour and from the couses stated
	22b. SIGNATURE	le Curer	o K.		MEDICAL STAFF	22c. DATE SIGNED 2~11-87
1	CESAR V	ALCE CAU	EUW	9310 ald	Closent R	L
	230 BURIAL, CREMATION, REMOVAL BURIAL	02/13/87		METERY OR CREMATORY EHHARD CEMETE	23d LOCATION CITY OR TOWN RY ELLICOTT C	COUNTY STATE ITY HOWARD MARYT AND
	24 FUNERAL DIRECTOR AMBROSE FUNERA	ADD	BE < <	250 DATE	REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)



	AIC	IF OF W	AKTL	AND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

40				0.70		12	
8	REG. N	٧٥.	0	5	Ö	Ø	1
FOF	DEATH		DAY	ur.	. I.	110110	_

1	REGISTRAR CEASED NAME FIRST		MIDDLE	LAST		MEG.	NO.	DAY YEAR	
	E OR PRINT)					20 DATE OF DEATH	OO O		2b HOUR
	ROGE		Ξ.		EGAN		UZ Z	0 87	14:05
3. SE		4 RACE		5 DATE OF I		6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	HOURS
1	Male	Whi	Lte	Sept.	. 29 , 192 8	58	YRS.		
7a. Bl	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MAPPIEM	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland	U.S.	Α.	WIDOWED		BALTIMO	RF Co	ounty,	
10. CI	ITY OR TOWN OF DEATH	11. NAME OF			OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINES
	TOWSON	6701 N	. CHARLES	STREE	BMC	Chesapeak		Pilo	t
USU	AL RESIDENCE (IF NURSING HOME C		GIVE RESIDENCE BEFORE		3d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7:D COD	-	
1		timore	Towson		YES NO S	14 Coldwa			1204
	ATHER'S NAME				S. MOTHER'S MAIDEN NA	ME	CEL CO		
7	Owen A	WIDDLE	Donegan		Margaret	MIDDLE	C	Leary	ST
160. V	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO. 13	7 INFORMANT	ADDE		Leary	-
(Voc	VE WAR OR DATES)	220-20-5		Mrs. Helen H	E. Donegan	Same	as #13	
-	100	rea			11201 11012011 1	. Donegan	Danie		IMATE INTERV ONSET AND D
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe ED BY:			AR HEMORRHAG	-			ONSET AND D
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	(b)_	DR AS A CONSEQUE						
ATION	gave rise ta immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, O	OR AS A CONSEQUE	ENCE OF					
IFICATION	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, O	PR AS A CONSEQUE	ENCE OF		200 AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED OF DEATH
CERTIFICATION	gave rise ta immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, O (c) CONDITIONS C	ONTRIBUTING TO S	DEATH BUT NO	WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED
AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	DUE TO, O (c) CONDITIONS C 196 COND ATH ATH (b) (c) (c) (c) (d) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e	ONTRIBUTING TO I	DEATH BUT NO		20a AUTOPSY? YES NO	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED OF DEATH
	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DUE TO, O (c) CONDITIONS C 196 COND ATH (R)	OR AS A CONSEQUE ONTRIBUTING TO S	DEATH BUT NO	WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES	S, WERE FINDIII FYING CAUSES S PART I OR PART 2)	NGS USED OF DEATH
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINENT MEDICAL EXAMIN 21d. INJURY OCCURRED	DUE TO, O (c) CONDITIONS C 196 COND 196 COND ATH HOUR A APR P 216 PLACE	ONTRIBUTING TO I	DEATH BUT NO OPERATION V AY YEAR 19	WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES IN CERT IF YES	S, WERE FINDI FYING CAUSES	NGS USED OF DEATH
	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	(b)	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION V AY YEAR 19	WAS PERFORMED 21c. HOW INJURY OCCURY	200 AUTOPSY? YES NO	20b. IF YES IN CERT IF YES	S, WERE FINDING CAUSES S PART 1 OR PART 2) COUNTY	NGS USED 5 OF DEATH NO
	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CAU	DUE TO, O (c) CONDITIONS C 196 COND 216. TIME C HOUR A P 216. PLACE (AT HOME, ST	ONTRIBUTING TO SOUTH OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION Y AY YEAR 19 FARM. ETC.)	WAS PERFORMED 21c. HOW INJURY OCCURY	200 AUTOPSY? YES NO RED (ENTER NATURE OF INS	20b. IF YE. IN CERTIF YE URY IN HEM 18. I	S, WERE FIND II EYING CAUSES S PART 1 OR PART 2) COUNTY	NGS USED 6 OF DEATH NO
	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK NOTIFY OF WHILE AT WORK AT WORK AT WORK 220.1 certify that (1) (this host	DUE TO, O (c) CONDITIONS C 196 COND 216. TIME C HOUR A P 216. PLACE (AT HOME, ST	ONTRIBUTING TO SOUTH OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION V AY YEAR 19 FARM. ETC.) 2	WAS PERFORMED 216. HOW INJURY OCCURE 211. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INS	20b. IF YE. IN CERTIF YE URY IN HEM 18. I	S, WERE FIND II EYING CAUSES S COUNTY 19 7 17 0nd from the	NGS USED OF DEATH NO That that (I) (we causes state SIGNED)
	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE ALWORK ALWORK 22a. I certify that (I) (this host sow the deceased alive a above. (I) (we) (did) (did)	DUE TO, O (c) CONDITIONS C 196 COND 216. TIME C HOUR A P 216. PLACE (AT HOME, ST	ONTRIBUTING TO SOUTH OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION V AY YEAR 19 FARM. ETC.) 2	WAS PERFORMED 21c. HOW INJURY OCCURY 21l. LOCATION STREET 2/18, 1987 that in (my) (aur) aprinian	200 AUTOPSY? YES NO RED (ENTER NATURE OF INS	20b. IF YE. IN CERTIF YE OWN	S, WERE FIND II EYING CAUSES S COUNTY 19 7 17 0nd from the	NGS USED OF DEATH NO
	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE ALWORK ALWORK 22a. I certify that (I) (this host sow the deceased alive a above. (I) (we) (did) (did)	DUE TO, O (c) CONDITIONS C 196 COND 216. TIME C HOUR A P 216. PLACE (AT HOME, ST	ONTRIBUTING TO SOUTH OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION V AY YEAR 19 2 FARM. ETC.)	WAS PERFORMED 21c. HOW INJURY OCCURE 211. LOCATION STREET 2718 , 1987 that in (my) (aur) apinian a GREE ATTENDING	200 AUTOPSY? YES NO CITY OR T CITY OR T death accurred an the o	20b. IF YE. IN CERTIF YE OWN	S, WERE FIND II EYING CAUSES S COUNTY 19 7 17 0nd from the	NGS USED OF DEATH NO That that (I) (we causes state SIGNED)
	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK NOTIFY OF WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK NOTIFY OF WAS UNDERLYING OR CONTRIBUTION OF WHILE AT WORK NOTIFY OF WAS UNDERLYING OR CONTRIBUTION OF WAS UNDERLYING OR CONTRIBUTION OF WAS UNDERLYING OR CONTRIBUTION OF WAS UNDERLYING OF WAS UNDERLYING OR CONTRIBUTION OF WAS UNDERLYING OF WAS UNDERLYING OR CONTRIBUTION OF WAS UNDERLYING O	DUE TO, CO CONDITIONS C 196 COND 196 COND ATH ATH OUR A 216. PLACE (AT HOME, ST Dital) oftended 11 OUR PRINT)	ONTRIBUTING TO DOTTION FOR WHICH OF INJURY M. MONTH DO OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION V AY YEAR 19 2 FARM. ETC.)	WAS PERFORMED 21c. HOW INJURY OCCURE 211. LOCATION SIREET 2718 , 1987 that in (my) (aur) aprinian. GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ CITY OR 1 , 10 MEDICAL ST/ DIRECTOR PHYSI	20b. IF YE. IN CERTIF YE. OWN	COUNTY 19 87 17 and from the	NGS USED OF DEATH NO STA that (I) (we causes state)
WEDICAL MEDICAL	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE O	DUE TO, CO CONDITIONS C 196 COND 196 COND ATH AN 216. TIME C HOUR A P 21e. PLACE (AT HOME, ST with a body OR PRINT) TYA POO	ONTRIBUTING TO DOTTION FOR WHICH OF INJURY M. MONTH DA OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION Y AY YEAR 19 FARM ETC.) 2	WAS PERFORMED 21c. HOW INJURY OCCURE 211. LOCATION SIREET 2718 , 1987 that in (my) (aur) aprinian. GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INI) CITY OR T death accurred an the of MEDICAL STA DIRECTOR PHYSI 1234 LOCATION	20b. IF YE. IN CERTIF YE. OWN	COUNTY 19.87 19.87 19.87 19.87 19.87 19.87 19.87 19.84 19.87	that (I) (we causes state
WEDICAL MEDICAL	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this host sow the deceased alive a above, (I) (we) (did) (did recorded and control of the cont	DUE TO, CO CONDITIONS C 196 COND 196 COND 196 COND 216. TIME C HOUR A HOUR A FR 21e PLACE (AT HOME, ST initial) oftended 11 OR PRINT OR PRINT TYA POO	ONTRIBUTING TO I	DEATH BUT NO OPERATION V AY YEAR 19 FARM. ETC.) 2 NAME OF CEM	WAS PERFORMED 21c. HOW INJURY OCCURY 211. LOCATION STREET 2718 1987 That in (my) (aur) apinian of the physician [PHYSICIAN [2726 ADDRESS GBMC 6701 N	200 AUTOPSY? YES NO CITY OR 1 CITY OR 1 ACCURATE A THE COMMENT OF INSTALL STALL MEDICAL STALL DIRECTOR PHYSI CHARLES	20b. IF YE. IN CERTIF YE. OWN OWN AFF. ICIAN STREET	COUNTY 19 87 17 and from the	NGS USED S OF DEATH NO that (I) (we causes state SIGNED MD 2

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 REG. NO.	0	3	0	6	8
06 5 5 4 7 11		-	-		

	1-	FOR STATE REGISTRAR XC	1012	425	DEPARTA		EALTH AND MENTAL HYGI	IENE 8 /	(3 6	6 8
	LDE	CEASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF DEATH	O. MONTH	DAY YEAR	26 HOUR 1
	PTYPE	ÓR PRINT)	LINGA	RD I	EDWARD	DO	NOVAN	FEBRUARY 2	5. 198	7	1.30 PM
	3 SEX	X		RACE	Dieno	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BI	(YADAY)	IF UNDER I YEAR	IF UNDER 24 HRS
)		MALE		WHITE		FEBR	UARY 19, 1922	6	5 YRS	MONTHS DAYS	HOURS MIN.
-		RTHPLACE (STATE OR I	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
>		MARYLAND	OU.	U.S.A.		WIDOWE		BALTIMORE	COUNT	ľY	MD.
2	10. CI	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OF INDUSTRY	BUSINESSOR
2		FORT HOWA			ICAL CENT			CRANE OPER	ATOR		
	13a. S	AL RESIDENCE (IF NURS	136 COUNT		13c. CITY OR TOW		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	21	2211
	14.54	MARYLAND	BALTI	MORE	BALTIMO	RE	YES NO		PPA RO	DAD	227
	14. FA	THER'S NAME FIRST	M	ODLE	LAST		15 MOTHER'S MAIDEN NAM FIRST	WIDDIE		LAST	
	14- 14	LINGARD VAS DECEASED EVER	INTLL ADA	ED EODGESS	DONOVA		JOSEPHINE	ADD	565	HUBE	
1		res, no or unknown)	(IF YES, GIVE	WAR OR DATES)			PATRICK DONO				HALL MD
		YES	WII		219 01		CLINICAL RECO	ORDS, VAMC,	FORT		MD ZIIZO
		18 CAUSE OF DEAT PART I. DEATH W	AAC CALICED	DV			CANCED			MONTH	ATE INTERVAL NSET AND DEATH
			IMMEDIATE		ETASTATIC		CAIVCER			PONTU	.5
i.		Conditions, if ony,	sub tak	1	R AS A CONSEQUE	NCE OF					
		gove rise to imm	mediote	(b)							
100		underlying couse		DUE 10, 0	R AS A CONSEQUE	NCE OF					
1		PART 2 OTHER SIGN	NIFICANT CO		ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	IDITION GIV	EN IN PART TO	
	NO										
2	CERTIFICATION	190 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDING	
5	RTIF							YES NO	YE	s 🗌	NO 🗌
)		OR CONTRIBUTING		HOUR A.	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INS	RY IN ITEM 18 P	ART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDI	CAL EXAMINER)	P.	м.	19					
	MED	WHILE NOT WE		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	NWN	COUNTA	STATE
		AT WORK AT WO	RK			וו זכו כויבוים	ARY 9 19 87	to_FEBRUA	DV OF	0.7	
		22a.l certify that (I) sow the decease	this hospite an alive on	FEBRUAL	RY 25 19	87	nd that in (my) (our) opinion o				not (I) (we) lost
		obove, (I) (we) (c 22b. SIGNATURE	did) (did not	view the body	ofter deoth.		DEGREE			22c DATE S	
		6	(10		Alis	Λ	ATTENDING _	MEDICAL STA		THE DATE OF	
7		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)	On WV8	1	PHYSICIAN _ 22e ADDRESS	DIRECTOR PHYSI	LIAN LXX		
		CAROLINA	CLISTO	DTO M	D		TA MEDICAL C	יביווווים בייוו	T LICIATE	כוא כוכו	21052
		SURIAL, CREMATION,		236. DATE		NAME OF C	WA MEDICAL C	23d. LOCATION	I HUWA		21052
		Burial		2/28			kwood	Baltin	ore.	Md.	STATE
	24 FL	JNERAL DIRECTOR		, , ,			ir Rd. 250 DATE	E REC'D. BY REGISTRA			Render
		SCHIMUNE!	K FUN	ERAL H	TO DE C			EB 2 7 1981	8		

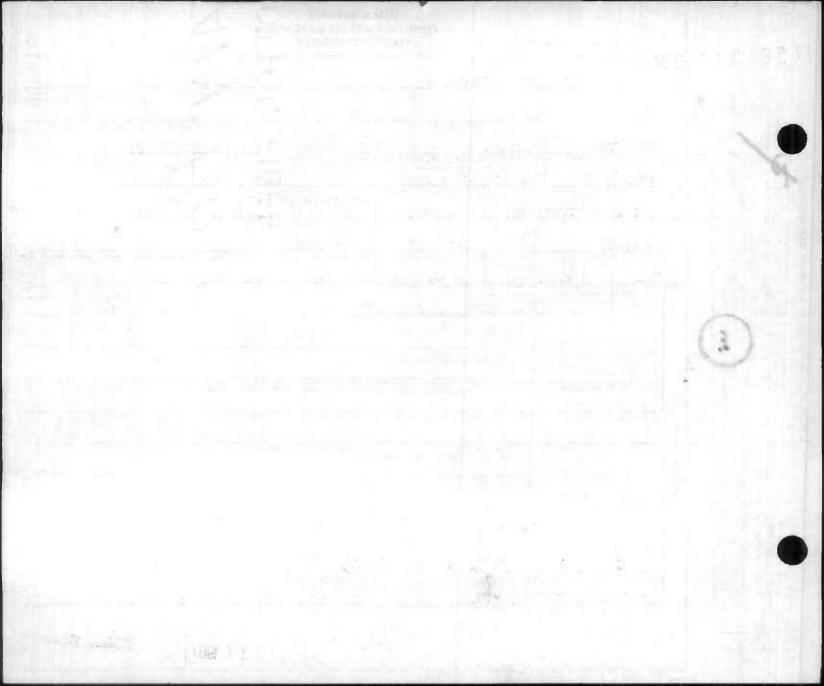
DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR, After

etoined by

BP.

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur IMPORTANT: If them 21 is marked or Item 18 shows any injury.



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		- STATE □R€GISTRAR				CERTII	FICATE OF DEATH	REG. N	10	US	00
)		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
,	(TYPE	E OR PRINT)	Thom	as	E.	Don	sey		2 4	4 87	, N
1	3 SEX	X		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	
	1	Male		White		Jan.	24, DAY 194 1 TEAR	46	YRS.	MONTHS DATS	HOURS MIN
E	7a Bi	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
2	Mai	ryland		U.S.A.		WIDOW		Baltimor	e Cour		MD
?		ITY OR TOWN OF DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE	OURSING HOME (E STREET ADDRESS) HOSPita	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Supervisor	OF WORKING L	12b. KIND C INDUSTRY MTA	OF BUSINESS OR
1	USUA	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENC	E BEFORE ADMISSION)		LIS CERTIFIES ADDRESS	/ 74B COD	· ·	
J		ryland		imore	13c CITY OF	son	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
7,		ATHER'S NAME		MIDDLE	LA.		15 MOTHER'S MAIDEN NA				
Y.	Wil	lliam	,	E.	Dors		Audrey	W.		Pri	
,		WAS DECEASED EVER		MED FORCES?	166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	ESS		
	No	YES, NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	217-3	8-1122	Mrs. Judith	A. Dorsey	same	e as 13e	
		18 CAUSE OF DEAT	TH (Enter on	ly ane cause per	lige Alica),	(b), and ici	1			BETWEEN	ONSET AND DEATH
		PART I. DEATH V	VAS CAUSEI	Ď BY: E CAUSE (ø)	(AR	MAU	Amesi		1		
			IMMEDIAI		and day	ISEQUENCE OF	- A)	1-		
8		Conditions, if any	, which	(,6)	MU	DUARD	in Iven	RCTION	/In	AUZ	NRA
		gave rise to im	mediate	2015 70 0	246.64	CONTRACT OF					
		underlying cause		DUE TO, O	R AS A CA	SUPPCE OF	1				
		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION G	IVEN IN PART 1	a
	NO N										
7	CERTIFICATION	19a DATE OF OPERA	MOITA	19b COND	ITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
	TE	regarding to the						YES NO		ES [NO [
		21a. ACCIDENT WAS UN				H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)	
	CAL	OR CONTRIBUTING		10		19					
	MEDICAL	21d. INJURY OCCUR		21e PLACE		OFFICE FARM ETC.)	211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
	2	AT WORK NOT W	ORK ORK	(ATROME ST	REEL, PACIONI, C	OPPILE PARM EIC)					
		22a I certify that (I) (this haspit	tal) attended th	e deceased	from	, 19	, to		., 19,	that (I) (we) last
		sow the decea	sed alive on,	t) view the bridy	ofter death	-19-0	nd that in (my) (aur) opinion	death accurred on the c	lote and ho	our and from the	couses stated
		22b. Significant	W	THE WINE COO.	0 - 1		DEGREE	1	1-1-1		SIGNED
		COV7	Maci	war	def	2	ATTENDING PHYSICIAN			2.	5-81
7		22d PHYSIC ANTIN	AME TITTE	Limit)	5	1	22e ADDRESS				
	10	Jose A.	Heran	dez M	D.		7600 Osla	er Dr. 21:	204		
-		BURIAL, CREMATION		236. DATE		23c. NAME OF	CEMETERY OR CREMATORY	236 LOCATION	-		
	Bui	rial		02/07	/1987	Parkwoo	od Cemetery	Baltimore	Cour	nty, Mar	vland
	24. FL	UNERAL DIRECTOR		/-//				TE REC'D. BY REGISTRAL		STRAR'S SIGNA	TURE
	L	eonard J.	Ruck	, Ine.	ADI	DRESS Balt	to. Md. F	FR 6 1007	Julia	Dendon	Porlace

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the often should be detached for use as the burial-transit permit. Then please remayers with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If Item 21 is marked or Item 18 shows

ector, page 3 irs after death

V 8000 . 8000 " Topic of Control services and a service of elaie and the control of the state of STATE OF THE STATE

O HOSPITAL

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DHMH - 16 60M 7/84 (VRA 15, 4)

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FES 25- FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO	8	7	0	3	6	7	3
KEO, INO.	_	REG. NO.	47	_		-	-

П	1. DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	4
I	WILLIAM	EDWARD	DO	UGHTY	February	18,	1987	2:00	рм
4	3 SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24	
	male	white	47	3/14 DAY YEAR	72	YRS.	MONTHS DAYS	HOURS	MIN.
+	To BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O		Y OF DEATH		
1	U.S.A., Balt.	U.S.A.	WIDOW		Baltimore	Count	y		MD
1	10 CITY OR TOWN OF DEATH		AL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATI		126 KIND C	F BUSINES	SOR
1	TOWSON USUAL RESIDENCE (IF NURSING HO)	Greater Ba	ltimore Me	dical Center	Field Analy		Adjus	U.S.Cı tment	Cor
I	130. STAMd.	OUNTY Eltimore 130 CI	TY OR TOWN altimore	YES NO	130.STREET ADDRESS A	ZIP COD	Blvd.	21 20	4
	Edward	MDDLE Doug	hty	Sarah Sarah	MIDDLE		Masse	V	
1	160 WAS DECEASED EVER IN U.S		OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		21204	
	IAEZ AEGZANKHOMUI IM	VIT WAR OR DATES) 21.	3-10-3776	Rhoda L. Do	ughty 1620 (Glen I			
ŀ	18 CAUSE OF DEATH (Ent	er anly one cause per line for	(a) (b) and (c).1					MATE INTERVA	AL
1	PART I DEATH WAS CA	USED BY		sepsis with c	anaalddahad			011001741000	
	PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		UTING TO DEATH BUT	T NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YE	ES, WERE FINDIN	NGS USED OF DEATH	17
Н	210. ACCIDENT WAS UNDERLYING	216, TIME OF INJUI	DV	11. HOW IN HIRD OCCUP	YES NO NO		ES	№ □	
I		110110 111 11	ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2)		
1	OR CONTRIBUTING CAUSE OF CHIEF LITHER MOTIFY MEDICAL EXAM		19	ALL LOCATION					
ı	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	IORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	51 A	at E
1	saw the deceased aliv	e on 2/18	19 87	2/9 , 19_87 and that in (my) (aur) apinian	death occurred on the de		0,	that (1) (we	
١	226. SIQNA URE	d nat) view the body after d	eath.	DEGREE			22c DATE	SIGNED	
ı	/v6	3 Polar	_ ne.	ATTENDING PHYSICIAN I	MEDICAL STAI	FF TAN IN	2/10	9/87	
	John E.	Adams, M.D.		22e ADDRESS	rles St. B			2120	04
1	230. BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STA	15
	Cremation	2/19/87	Greenm	ount	Baltimo	re	COUNTY	Mo	
1	24 FUNERAL DIRECTOR			250, DA	TE REC'D. BY REGISTRAR		IRAR'S SIGNAT		~
-	Mitchell-Wiede	efeld Home 6	500 York R	d. FF	825 moz	A.s.	A	A	

The control of the co FERRI Description of SASS . La complete one bishous - Light of .

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 									- 4

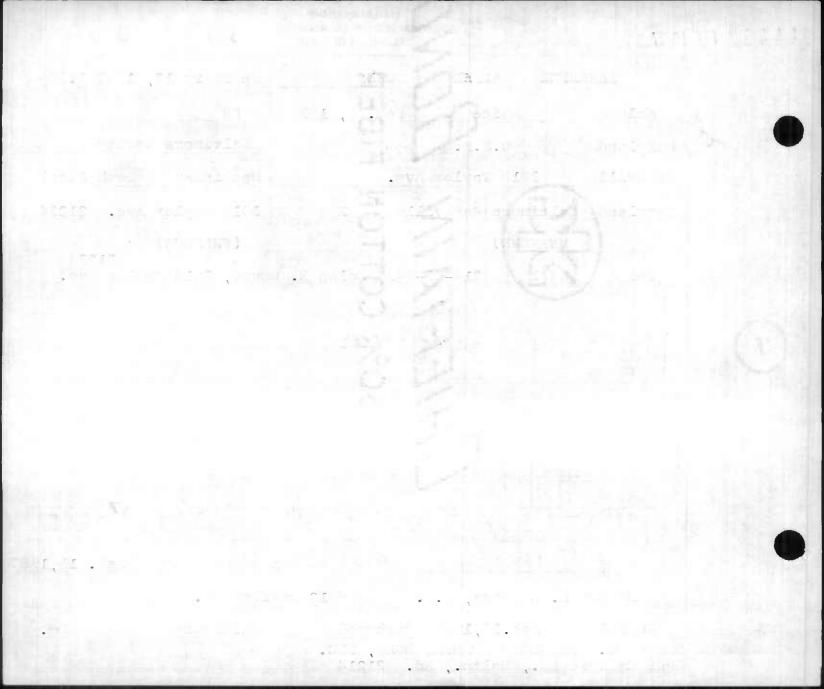
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	3	0	1	
---	----------	---	---	---	---	--

		MIDDLE	LAST	20 DATE OF DEATH MO	NIH DAY YEAR 26 HOUR
	PECEASED NAME FIRST			TO DATE OF DEATH	
1,	LAWREN	CE ALLAN	DOWNS	February	12, 1987 7:00p
3. S	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD.	MONTHS DATS HOURS AND
	Male	White	Feb. 9. 18	399 88	YRS DATS HOURS MI
79.1	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIED NEVER MAI	9 BALTIMORE CITY OR C	COUNTY OF DEATH
N	Maryland	U.S.A.	WIDOWED DIVO	RCED Baltimor	e County
	CITY OR TOWN OF DEATH Parkville	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G 3018 Taylo	NURSING HOME OR OTHER INSTITUTION TO THE STREET ADDRESS!	ITION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Machinist	ORKING LIFE) INDUSTRY
- Usl	UAL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION GIVE RESIDER	NCE BEFORE ADMISSION)		
I	Maryland Ba	ltimore Parl		○□ 3018 Tayl	or Ave. 21234
	FATHER'S NAME FIRST U	NKNOWN)	15 MOTHER'S M FIRS		N)
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCI	AL SECURITY NO. 17 INFORMANT	ADDRESS	21234
		W I 214	-09-8499 Helen	R. Downs, 3018	Taylor Ave.
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause per line for ta	i, (b , and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO	insequence of the property of the control of the co) THE TERMINAL DISEASE OR CONDIT	
ICATION	Conditions, if ony, which gove rise to immediate cause IOI, stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO	insequence of the property of the control of the co	ED 200 AUTOPSY? 2	
E C	Conditions, if ony, which gove rise to immediate cause Io1, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, OR AS A CO DUE TO, OR AS A CO DUE TO, OR AS A CO IC) TO CONDITIONS CONTRIBUTION FOR	INSEQUENCE OF INSEQUENCE OF ING TO DEATH BUT NOT RELATED TO	ED 200 AUTOPSY? 7	ION GIVEN IN PART 1:0 106 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\sum \cap \)
CERTIFICAT	Conditions, if ony, which gove rise to immediate cause 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO DUE TO, OR AS A CO DUE TO, OR AS A CO CONDITIONS CONTRIBUTION FOR DEATH TIME OF INJURY HOUR A.M. MON	INSEQUENCE OF INSEQUENCE OF ING TO DEATH BUT NOT RELATED TO WHICH OPERATION WAS PERFORM ATH DAY YEAR 119	ED 200 AUTOPSY? 21	ION GIVEN IN PART 1:0 106 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\sum \cap \)
E C	Conditions, if ony, which gove rise to immediate cause 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO DUE TO, OR AS A CO DUE TO, OR AS A CO CONDITIONS CONTRIBUTION FOR DEATH TIME OF INJURY HOUR A.M. MON	INSEQUENCE OF INSEQUENCE OF ING TO DEATH BUT NOT RELATED TO WHICH OPERATION WAS PERFORM ITH DAY YEAR 19 711 LOCATION	ED 200 AUTOPSY? 7	ION GIVEN IN PART 1:0 106 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\sum \cap \)
CERTIFICAT	Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTHY MEDICAL EXAM 21d. INJURY OCCURRED WHILE ALWORK ALWORK 22a.1 settify that 11 (thus here	DUE TO, OR AS A CO Ib) DUE TO, OR AS A CO IC) DUE TO, OR AS A CO IC) TO CONDITIONS CONTRIBUTE 196 CONDITION FOR PEATH HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR) DESPITAL OF THE CONTRIBUTE 22 PLACE OF THE CONTRIBUTE 23 PLACE OF THE CONTRIBUTE 24 PLACE OF THE CONTRIBUTE 25 PLACE OF THE CONTRIBUTE 25 PLACE OF THE CONTRIBUTE 26 PLACE OF THE CONTRIBUTE 27 PLACE OF THE CONTRIBUTE 28 PLACE OF THE CONTRIBUTE 29 PLACE OF THE CONTRIBUTE 20 PLACE OF THE CONTRIBUTE 20 PLACE OF THE CONTRIBUTE 21 PLACE OF THE CONTRIBUTE 21 PLACE OF THE CONTRIBUTE 21 PLACE OF THE CONTRIBUTE 22 PLACE OF THE CONTRIBUTE 23 PLACE OF THE CONTRIBUTE 24 PLACE OF THE CONTRIBUTE 25 PLACE OF THE CONTRIBUTE 26 PLACE OF THE CONTRIBUTE 26 PLACE OF THE CONTRIBUTE 27 PL	INSEQUENCE OF INSEQUENCE OF INSEQUENCE OF ING TO DEATH BUT NOT RELATED TO WHICH OPERATION WAS PERFORM ITH DAY YEAR 19 (Y. OFFICE FARM, ETC.) ITH DAY YEAR 19 (Y. OFFICE FARM, ETC.)	ED 284 AUTOPSY? 71 YES NO X RY OCCURRED (ENTER NATURE OF INJURY IN	ION GIVEN IN PART 1:0 Db. IF YES, WERE FINDINGS USED N CERTIFY ING CAUSES OF DEATH? YES NO COUNTY STATE 19 1, that (i) (per)
CERTIFICAT	Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTHY MEDICAL EXAM 21d. INJURY OCCURRED WHILE ALWORK ALWORK 22a.1 settify that 11 (thus here	DUE TO, OR AS A CO Ib) DUE TO, OR AS A CO IC) DUE TO, OR AS A CO IC) DUE TO, OR AS A CO IC) TO CONDITIONS CONTRIBUTE 19b CONDITION FOR 19b CONDITION FOR P.M. 11c PLACE OF INJURY HOUR A.M. MON P.M. 21c PLACE OF INJURY AND P.M. 21c P	INSEQUENCE OF INSEQUENCE OF INSEQUENCE OF ING TO DEATH BUT NOT RELATED TO WHICH OPERATION WAS PERFORM ITH DAY YEAR 19 (Y. OFFICE FARM, ETC.) THE OCATION STREET A ond that in (my) (purchase) DEGREE	PY OCCURRED (ENTER NATURE OF INJURY IN CITY OR TOWN	ION GIVEN IN PART I TO Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 1, that (i) (pert) and have and from the causes stated 72c. DATE SIGNED
CERTIFICAT	Conditions, if ony, which gove rise to immediate cause 101, stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION	DUE TO, OR AS A CO Ib) DUE TO, OR AS A CO IC) DUE TO, OR AS A CO IC) IT CONDITIONS CONTRIBUTE 196 CONDITION FOR AMON P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTOR) OSpital) ottended the decease on ignotive the bady after ideat	INSEQUENCE OF INSEQUENCE OF INSEQUENCE OF ING TO DEATH BUT NOT RELATED TO WHICH OPERATION WAS PERFORM ITH DAY YEAR 19 (Y. OFFICE FARM, ETC.) THE OCATION STREET A ond that in (my) (purchase) DEGREE	PY OCCURRED (ENTER NATURE OF INJURY IN	ION GIVEN IN PART 1:0 Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE OUNTY STATE 19 that (b) (met) and have and from the causes stated
CERTIFICAT	Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTEY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOTEY MEDICAL EXAM 21d INJURY OCCURRED WHILE ALWORK 22a. I certify that 1) (Hushow the deceased alive obave, (I) (we) did) (Idid) 22b. SIGNATURE 22d. PHYSICIAN STNAME (1)	DUE TO, OR AS A CO Ib) DUE TO, OR AS A CO IC) DUE TO, OR AS A CO IC) IT CONDITIONS CONTRIBUTE 196 CONDITION FOR AMON P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTOR) OSpital) ottended the decease on ignotive the bady after ideat	INSEQUENCE OF INSEQUENCE OF INSEQUENCE OF ING TO DEATH BUT NOT RELATED TO WHICH OPERATION WAS PERFORM ITH DAY YEAR IP (Y. OFFICE FARM, ETC.) TO DEGREE ATTI PHY 1212 ADDRESS	PY OCCURRED (ENTER NATURE OF INJURY IN CITY OR TOWN	ION GIVEN IN PART I TO Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 1, that (i) (pert) and have and from the causes stated 72c. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

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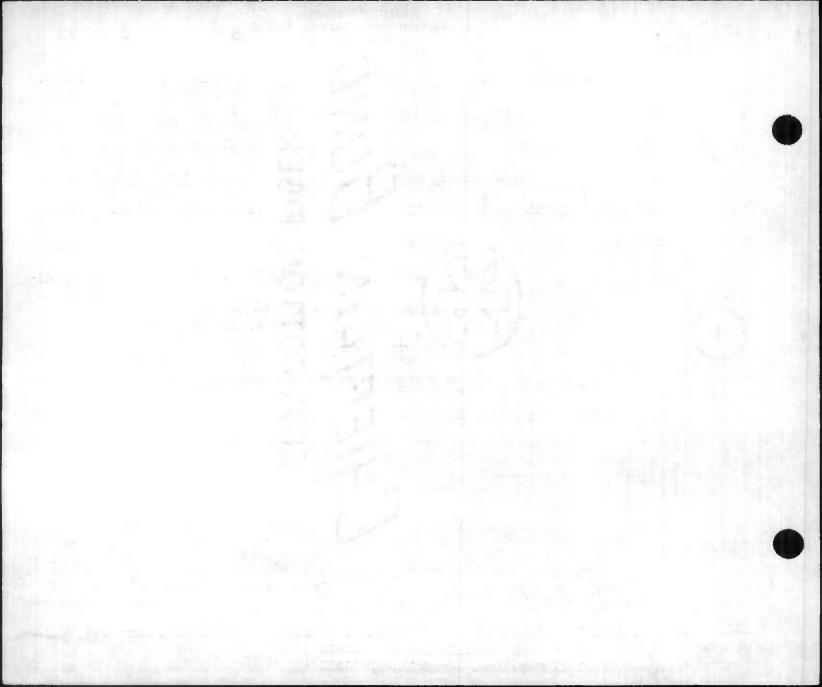


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	3	6	7	6
	REG. NO.					

0 11	V	REGISTRAR			REG. NO.	
		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Marguerit	e E.	Dullabaun	February 12,	1987 3:38a. M
3	SEX		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Y	F	emale	White	November 25, 190	7 79 YRS	MONTHS DATS HOURS MIN.
7			CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
		arvland	USA	WIDOWED DIVORCED	Baltimore Coun	tv MD
16	_			G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	Di	undalk	(IF NOT IN SUCH FACILITY, GIVE STREET A 8302 Orchard D		House wife	Own Home
	SUA	L RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		
1.		arvland Balt	imore Dundal		13e.STREET ADDRESS / ZIP COL 8302 Orchard D	
14		THER'S NAME	.Iniore Dundar	15 MOTHER'S MAIDEN NA		1146. 21222
ĺ		FIRST MI	DDLE LAST	FIRST	MIDDLE	LAST
		incent AS DECEASED EVER IN U.S. ARM	Johnst ED FORCES? 1166 SOCIAL SECUE	***	nknown Address	
	{ Y	ES. NO OR UNKNOWN) (IF YES GIVE Y	WAR OR DATES	The second second		
	No		214-74-2		rgil M. Dullabau	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line to the und	/ / //		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE		en g Come	ARDio Rest A	
		Condition 1 1:1	DUE TO, OR AS A CONSEQUE	NCEOF	Archeo	. 4
		Conditions, if ony, which gove rise to immediate	(b)	A C/Co		
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
-			(c)			
	_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
1	2				The second second	
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
1						YES NO
	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART : OR PART 7)
	8	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M	19		
-	WEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	2	AT WORK NOT WHILE	TAT HOME STREET PACTORY OFFICE PA	ann Elej		
		22a.1 certify that (I) (this hospital	ttended the deceosed from		, to	, 19, that (Ir (we) lost
	- 1	sow the deceased aliveder above, (II) see indirect and not	19	, and that in (my) (our) opinion	death accurred on the date and ha	our and from the causes stated
		275 SIGNATURE	erew the body offer deota-	DEGREE		221 DATE SIGNED
		1/		ATTENDING	MEDICAL STAFF	12.13 17
		22d. PHYSICIAN'S NAME (TYPE OR P	PRINTI	27e ADDRESS	DIRECTOR PHYSICIAN	1
		1	6.1.	2	3 6. BLUD	B112
_		1. H.	" Crowl	22	*	The A.
2		URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
		Burial	2-16-87	Gardens of Faith	Baltimore,	Maryland A Jack
2	4. FU	NERAL DIRECTOR Duda-F	Ruck Funeral Hom	e of Dundalk 250 DA	TE REC'D. BY REGISTRAR 256: REGIS	STRAR'S SIGNATURE
			Vise Ave. Dunda		LERY, ight o	
	_					



MARYLAND 21201	
BALTIMORE,	
PRESTON ST.,	
TAL RECORDS, 201 W	
DIVISION OF VITAL RI	

	1. DE	REGISTRAR CEASED NAME	FIRST	N	NIDDLE		ICATE OF DEATH	REG. N	MONTH DAY	YEAR	26 HOUR
deoth deoth		E OR PRINT)	20ras	2		Dup	VPY	2 -	24-8		
poge r deo	3. SE			RACE	seph '	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BI	-	JNDER I YEAR	10 50 C
ge 4 urs offi	10	Male		Caucasi	an	Sent	ember 27, 06	80	MON	THS DAYS	HOURS . M
000		IRTHPLACE (STATE OR F	FOREIGN 7	b. CITIZEN OF V		V2 I	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
n 72 h		rinidad		U.S	S.A.	WIDOWE		Baltin	nore Cou	intv	
of the form	10 €	ITY OR TOWN OF DEA	ATH I	11. NAME OF H	OSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		F BUSINESS
335	Ra	ndallstown	I				ral Hospital	Counselor-I			d Care
d be	13a.	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BEI		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
	Ma	ryland	Balti	imore	Rockda.		YES NO K	3630 Valle		ice	21207
200	14. F/	ATHER'S NAME	M	NDDIE	LAST		15. MOTHER'S MAIDEN N.	AME		LA!	
		Albert	_	Duprey			i mgi	phia	Thibou		
S la la		WAS DECEASED EVER		MED FORCES?	226-74-3		17 INFORMANTMrs.			T.,	
0.0		No			226-74		3630 Valley	Terrace Bal	ltimore,	MD.	21207
		IS CAUSE OF DEAT PART I. DEATH W	H (Enter only	y ane cause per	line far (a), (b),	and ici.)				BETWEEN	MATE INTERVAL ONSET AND DE
off ind office frought	2	Conditions, if ony,		DUE TO, OR	AS A CONSEC	N COA	Lung	1	70		
ie low requires that the deam has been signed by the offining permit. Then please remover the prior to buriol, cremotion in my, or other frou that	IFICATION TO THE	gave rise to imm cause (0), statin underlying cause	nediate ng the last. NIFICANT CO	DUE TO, OR (c) ONDITIONS CO	AS A CONSECUTIVE I	DUENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	ERE FINDI	NGS USED OF DEATH?
ne low requires that on the signed by the permit. Then please ene prior to buriol, creamer injury, or other than injury, or other than injury, or other ene prior to burior.	CERTIFICATION	gave rise to immoduse (o), stating underlying cause PART 2 OTHER SIGN	mediate ng the last. NIFICANT CO	(b)	AS A CONSECUTION FOR WHI	O DEATH BUT		20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [/ERE FINDII	NGS USED
ysicion. ysicion. coste hos been signed by i onsit permit. Then pleose Hygiene prior to buriol, cr	AL CERTIFICATION	gave rise to immocause (o), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERA* 21a. ACCIDENT WAS UNION OR CONTRIBUTING	mediate ng the last. NIFICANT CO	DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 17b. TIME OF HOUR A.A	AS A CONSECUTION FOR WHI	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [/ERE FINDII	NGS USED OF DEATH?
not requires that in the state of the state	MEDICAL CERTIFICATION	gave rise to immocause to statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UND	mediate ng the e lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER) RED	(b)	AS A CONSECUTIVE TO THE PROPERTY OF THE PROPER	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [/ERE FINDII	NGS USED OF DEATH? NO
intervalvo periodicales intervalvo requires from the control of th		gave rise to improve to cause (0), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA* 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE)	TION DERLYING CAUSE OF DEAT CALEXAMINER) RED This hospite ed after on	DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 19b. CONDIT HOUR A.A. P.A. 21e. PLACE C (AT HOME STRI	AS A CONSECUTIVE TO THE PROPERTY OF THE PROPER	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE. FARM ETC.)	216 HOW INJURY OCCUI	200 AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART	VERE FINDING CAUSES	NGS USED OF DEATH? NO
Lock with the hospital or attending physicion. The hospital or attending physicion. DIRECTOR, After this certificate hos been signed by it tached for use on the buriot-tronsit permit. Then please is bept, of Health and Mental Hygiene prior to buriot, critical from 21 is marked or the minute of the prior to other them 21 is marked or the minute of the prior to other them.		gave rise to improve the cause (0), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA* 21a. ACCIDENT WAS UNK OR CONTRIBUTING (1) (IF EITHER NOTIFY MEDIC WMILE NOTIFY MEDIC 27a. I certify that (1) saw the decase above, (1) we) (6 27b SIGNATURE	TION DERLYING CAUSE OF DEAT CALEXAMINER) RED This hospite ed aftire on did (did not)	DUE TO, OR (c) DONDITIONS CO 19b. CONDIT 11b. TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRI	AS A CONSECUTIVE TO THE PROPERTY OF THE PROPER	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	21c HOW INJURY OCCUI 211 LOCATION STREET 19 8 and that in (m) (our) pinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	206. IF YES, WIN CERTIFYIN YES [JIRY IN ITEM 18 PART	VERE FINDING CAUSES	NGS USED OF DEATH? NO STATE that (I) ye)
Destract or with Engine or attending physicion. UNERAL DIRECTOR, After this certificate has been signed by it be detached for use as the buriot-transit permit. Then please the State Dept. of Health and Mental Hygiene prior to buriot, cr. RTANT. If hem 21 is marked or min 11 has a minuty, or other them 21 is marked or minute.		gave rise to immodule to the cause of the ca	TION DERLYING CAUSE OF DEAT CALEXAMINER) RED This hospite ed aftire on did (did not)	DUE TO, OR (c) DONDITIONS CO 19b. CONDIT 11b. TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRI	AS A CONSECUTIVE TO THE PROPERTY OF THE PROPER	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	216 HOW INJURY OCCUI	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the d	206. IF YES, WIN CERTIFYIN YES [JIRY IN ITEM 18 PART	COUNTY	NGS USED OF DEATH? NO STATE that (I) ye)
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STATE OF MARYLAND

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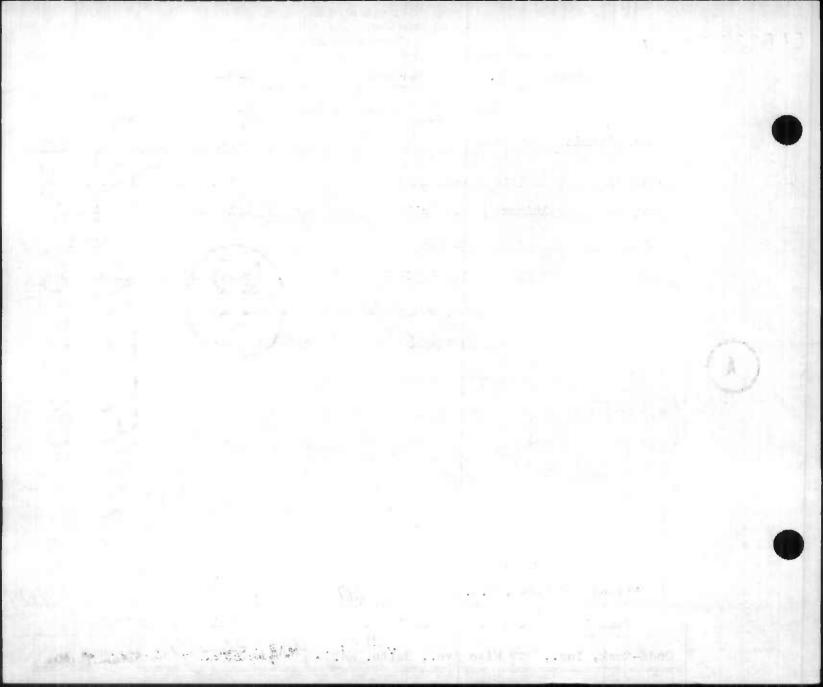
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been should be detached for use as the burial-transit permit. I with the State Dept, of Health and Mental Hygiene prior

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mpletely filled in by the funeral director, page 3 and 2 shauld be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

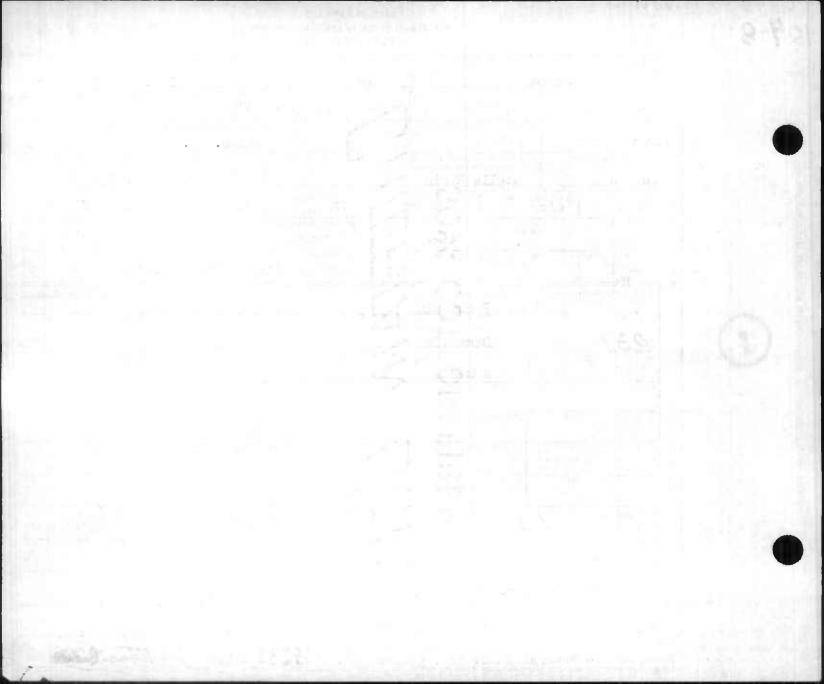
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		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not	1-19	719	\$7.0	nd that in (my) (our) opinion o	to 2 - 18 death occurred on the de	ate and ha	, 19 Viu and from	n the c	hot (I) touses st	(we) last lated
		Carla.	10	refan		DEGREE ATTENDING PHYSICIAN			72c. I	DATE S	SIGNED	
		22d PHYSICIAN'S NAME TYPE OF Carla S.		der, M.D.		27e ADDRESS Stella Dulaney Vall	Maris	on N	4D 213	204		
	Bur	URIAL, CREMATION, REMOVAL SPEC#Y)	23b. DATE 28			Cemetery OR CREMATORY	23d LOCATION CITY OR TOWN Newport	, Pen	county	ani	a.	STATE
	Ru Ru	INERAL DIRECTOR CK Towson Funer	al Home				1 9 1987	256. REGIS	TRAR'S SIC	NATU	JRE	þ

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the burial-transit permit. Then the State Dept. of Health and Mental Hygiene prior to bur IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR



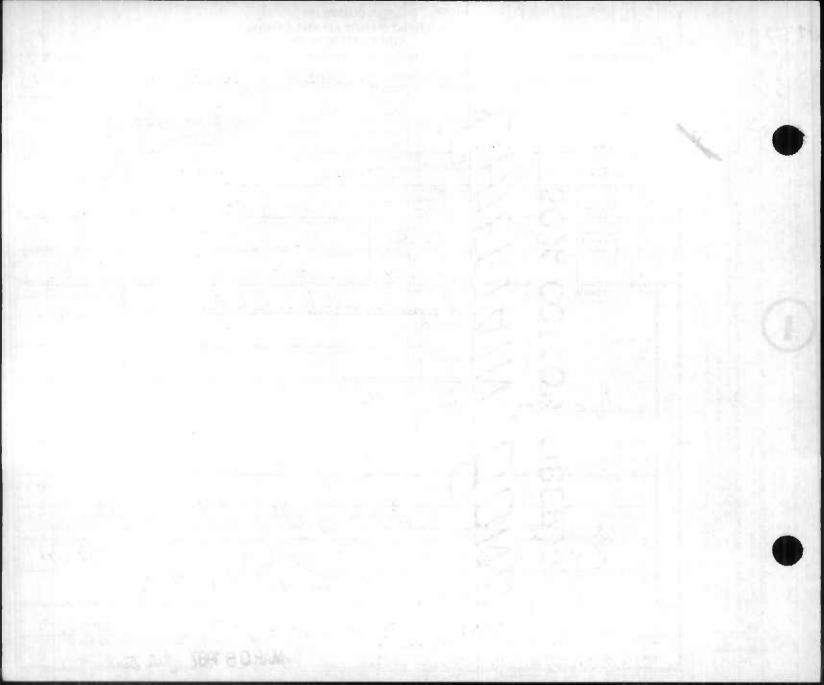
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DHMH - 16 60M 7/84

(SPECIFY) BURIAL 2/27/87 BOBROIS
24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTO, MD 21215 (VRA 15, 4)

(SPECIFY) BURIAL

MD



STATE OF MARYLAND

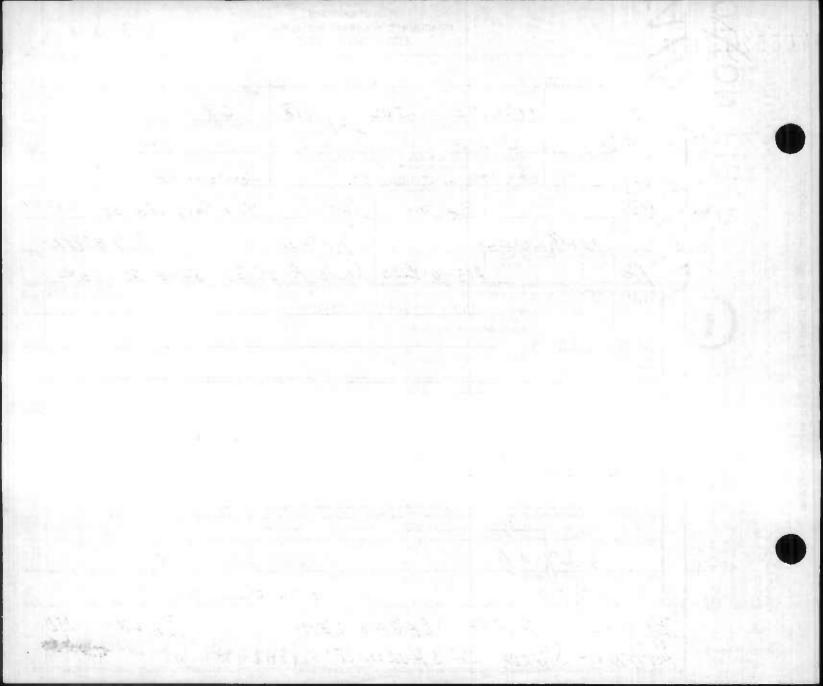
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1 87	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 8	0 3	0	11
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	OWSON	GBMC-67	01 N. CHARLES		HOUSEW	iFE	DOSIKI	
USU 13a	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	ST:	2/224
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		RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		7
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V.	18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), and (c).)			L	APPROXIA BETWEEN O	MATE INTERVAL
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		DUE TO, OR	R AS A CONSEQUENCE OF					
	Conditions, if ony, which	(b)						
	gave rise to immediate cause (0), stating the	DUE TO, OR	R AS A CONSEQUENCE OF					
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CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI	RE FINDIN CAUSES	IGS USED OF DEATH?
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100	the deceased alive a above, (I) (we) (did) (did n	ot) view the body (ofter death. 19 87 , or	nd that in (my) (our) opinion	death occurred on the d	ate and hove and	from the c	ouses stated
	27b. SIGNATURE	(no		ATTENDING PHYSICIAN	MEDICAL STA	FF V	PATE S	SIGNED
	224 PHYSICIAN'S MAME (11)	R PRINT)		22e ADDRESS				
	Tom Kelly, M.	D.		GBMC-6701 N.	. CHARLES ST	. •		
23a	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	72 19	MIY	118
-	BURIAL	12-147	56 OAKLA	WN CEM.		DA 67	0.	MO.
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DHMH - 16 60M 7/B4 (VRA 15, 4)

to FUNERAL DIRECTOR, a should be detached for use with the Stote Dept, of Heal

TO HOSPITAL OF ATTENDING PHYSICIAN. The law retained by the haishtal or othersting physician.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ges pes medical	16a V	VAS DECEASED EVER ENOOR UNKNOWN)		MED FORCES? WAR OR DATES}	219-10-		HUGH		LIOTT1647 M		
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IRECTOR: Af- hed for use a ept of Health them 21 is ma		27a.1 certify that (I) saw the decease abave, (I) (web) 27b. SIGNATURE	ed alive an	1/:	30/10		dythat in (my)	(auc) apinian	death accurred on the date of		m the causes stated DATE SIGNED
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P ÷ 3 ₹		URIAL, CREMATION,		23b DATE			EMETERY OR		23d LOCATION CITY OR TOWN	COUNTY	STATE

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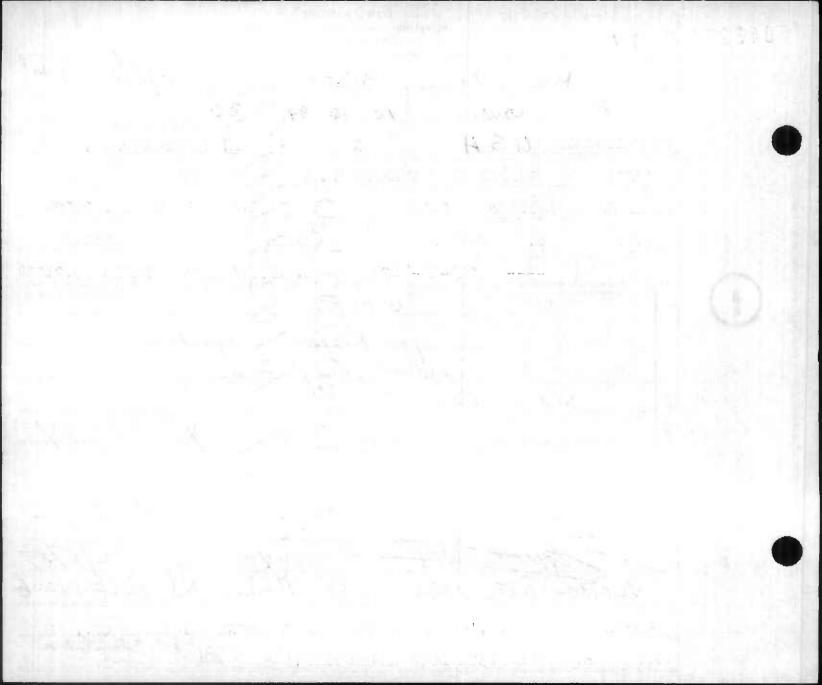
24 FUNERAL DIRECTOR

CEMETERY BALTIMORE CO. MD

250 DATE REC D BY REGISTRARION REGISTRATES SIGN DURE

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completely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	FOR STATE REGISTRAR	DEPAR		ICATE OF DEATH	REG. N	0 3	6	1 9
	CEASED NAME FIRST	WIDDLE	i.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TIPE	BER	NICE	E:	LY	FEBRUAR	Y 18, 1	987	2:03A
3. SEX	X 4	I. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	FEMALE	CAUCASIAN		11, 1926 YEAR	61	YRS.	NTHS DAYS	HOURS MIN.
0	RTHPLACE (STATE OR FOREIGN 7 COUNTRY) RYLAND	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY O			M
10 CI	TY OR TOWN OF DEATH BALTIMORE	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 3198 OLD POST	EET ADDRESS)		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE	ION OF WORKING LIFE)	126. KIND C	HOME
13a. S	MARYLAND BAL	TY 13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3198 OLD		.,APT	. 1 (21)
14. FA	THER'S NAME WILLIAM	POLOWAY		15. MOTHER'S MAIDEN NAI BETTY	ME	M:	ILLER	1
	VAS DECEASED EVER IN U.S. ARM	WARORDATES		17. INFORMANT MR.				
	NO	212-22-	-7293	3198 OLD POS	T DR. BALT	MD., OT	21	.208
	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b),	ond (c).)				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY: DAV	an Vertin	adora CA	onibono		11	2000
TION	PART 2 OTHER SIGNIFICANT CO							
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. I IN CI		Db. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES TO NO	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM IS PART	I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	228 I certify that (1) (this hospital saw the deceased alive an abave, (1) (we) (did) (did not)	Feb 4 19	874 K	nd that in (my) (our) opinian	deoth accurred on the d	ate and hour a	nd Iram the	
	THE SIGNATURE OF	land m	P	ATTENDING PHYSICIAN	MEDICAL STA		27c DATE 2/	SIGNED 18/18
	PAUL CELA	Mp, by		THAS HOPE	in Shooloy (exter,	RAIN	WY 2120
(1	BURIAL	2/ 20/87	MOSES	MONTEFIORE CE	23d. LOCATION CITY OBAYLT			YLAND
24 FU	INERAL DIRECTOR SOL	LEVINSON & BROWN	OS TNI	DATE TO BAT	E RECOUNT REGISTRA	WAS DECEMBED ON	THE WORLD AT	HARF

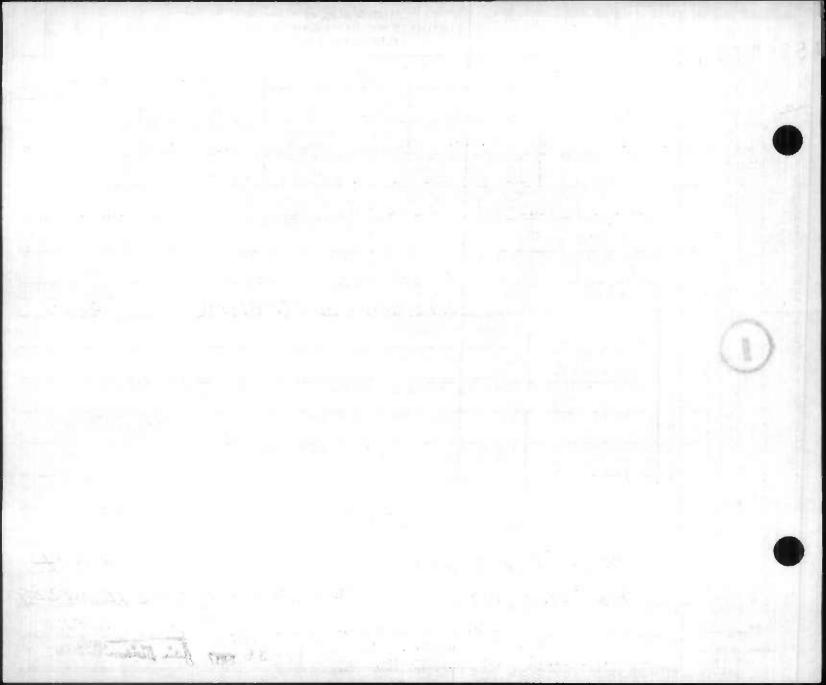
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then plear with the State Dept. of Mealth and Mental Hygiene prior to burial TO FUNERAL DIRECTOR: After this certificate has been sig

etained by the hospital or attending physician.

BP.

24 FUNERAL DIRECTOR BALTO., MD 21215 - 6010 REISTERSTOWN RD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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63				

		STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
1	DEC	EASED NAME	FIRST	A	IDDLE	L	AST	20. DATE OF DEATH	MONTH DA	YEAR	26. HOUR
I	ME &	Ma Ma	ry	L		Ervin				1987	10:58 M
3	. SEX		4. R.	ACE		5 DATE C		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS MIN.
ŀ		Female		Whit	e	Nov	- 1000	66	YRS		
ħ		THPLACE (STATE OR FOR	EIGN 7b C	ITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	1. BALTIMORE CITY	R COUNTY	OF DEATH	
ı		ior.West V	a	U.S.A	1.	WIDOWE		Baltimor	e Co.	Md.	MD.
-		Y OR TOWN OF DEAT	н 11.	NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
ı	10	ng Green	/4		ong Green			Post Maste	riong	Fede	ral Govt
k		L RESIDENCE (IF NURSIN	G HOME OR OTH						Times		I GUVE
1	13a S1	ATE	36 COUNTY		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Green	Dd	21092
	_	VIAND L	Baltim	ore	Long Gre	en	15. MOTHER'S MAIDEN N	AWE TOUG	GLEEN	-NU	/107/
ď		FiRS1	MIDD	LE	LAST		FIRST	WIDDLE		Dowl	
1		onard	Н.		Row		Hazel 17 INFORMANT	A.	ESS 4424	Powl	
I	6a. W	AS DECEASED EVER IT	U.S. ARMED	FORCES?	166 SOCIAL SECU					9	Green Rd
	Γ	10			579-26-3	735	Mr. Charles	Ervin, Long	Green	, Md.	21092
ľ		18 CAUSE OF DEATH	(Enter only o	ne cause per	line far (a), (b), and	d (c1.)	^			BETWEEN	I ONSET AND DEATH
	z	gave rise to immediate (a), stating underlying cause	lost.	(c)	R AS A CONSEQUE		T NOT RELATED TO THE TER	RMINAL DISEASE OR COM	NDITION GIVE	EN IN PART 1	(0)
1	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO			INGS USED S OF DEATH? NO
		OR CONTRIBUTING CAUSE OF DEATH HOUR			b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			URRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PA	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,					211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		22e.1 certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19									
		226 SIGNATURE	سالا	ughe	elMD		DEGREE ATTENDING PHYSICIAN		AFF ICIAN [22c. DAT	6/F7
		POB CAT	ME (TYPE OR PR	(GOG)	CO MI)	3313 Pape	mil Rol	Pave	mix	972 2113
	23a. B	URIAL, CREMATION, I	REMOVAL	23b. DATE		NAME OF	CEMETERY OR CREMATOR	Y 23d. LOCATION		COUNTY	STATE
	(3	Burial		2-7-19	987 Wi	lson	U.Meth.Ch.Cer	4	en Ba	ltimor	e Md.

DHMH - 16 25M

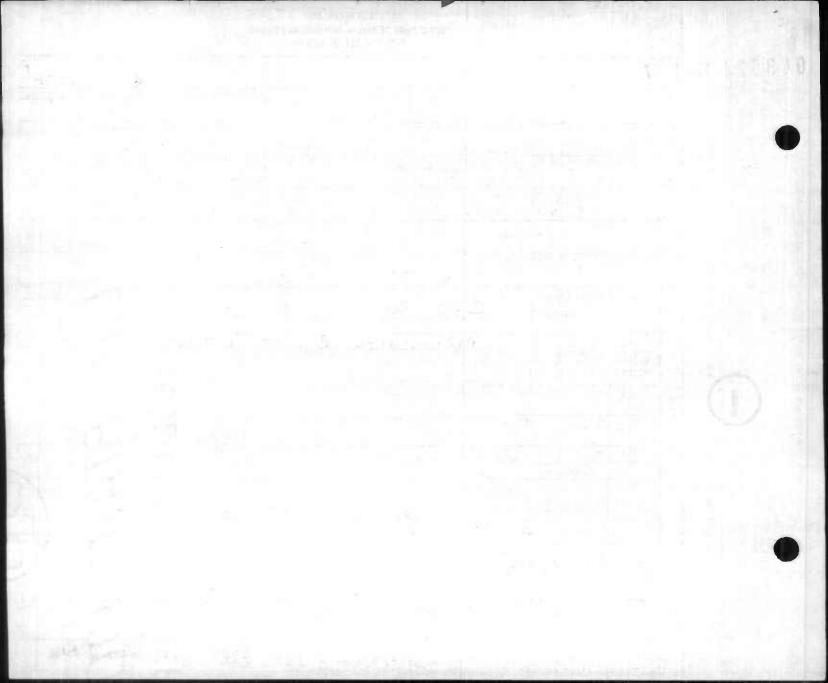
BP

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene IMPORTANT: If them 21 is morked or them 18 shows

(VR A 15 (4)) 9/74

14 FUNERAL DIRECTOR
NAME
E.F.Lassahn, 11750BelairRd.Kingsville, Md.21087

FEB 9 1987 Julia Decided



TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Vineral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

3

executed within 24 hours after death. Page 4 may be

CTA	20	OF		PANE .	4 110
DIA	111	UL	ITT A	KIL	AND

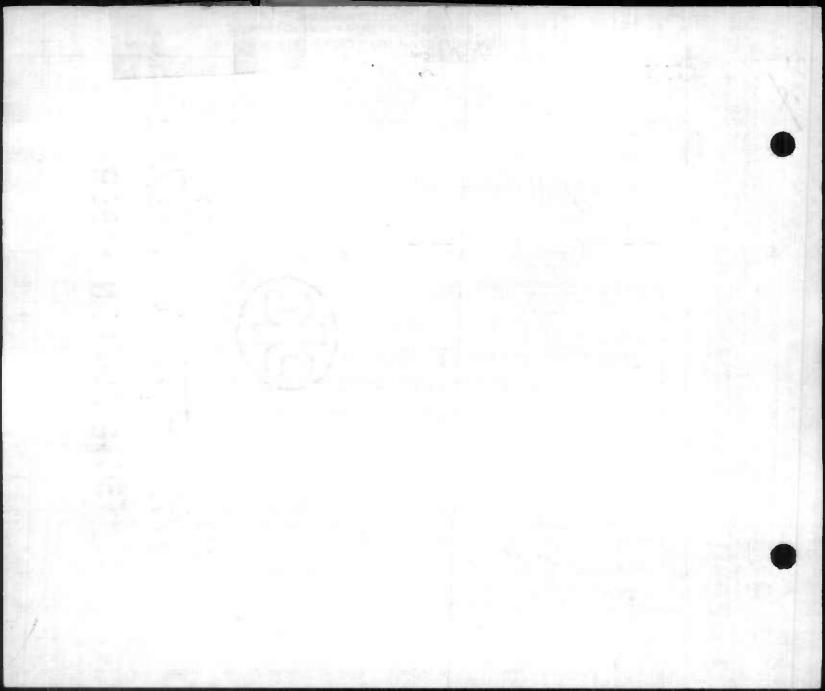
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	3	6	8	

] -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8 7	036	681
1. DEC	EASED NAME FIRST	WIDDLE	· ·	A5T		MONTH DAY YEAR	26 HOUR
(TYPE C	BENJAM	MIN HARRISI	an	EVANS	2/10/87		04458
3. SEX		4 RACE	5. DATE C		A AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1, YEA	IF UNDER 24 HRS
	MALE	WHITE			77	YRS.	S HOURS MIN
	THPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	10 0	NEVER MARRIED		OR COUNTY OF DEATH	
1	Md.	USA	WIDOWE		Balt	timore Cou	nty "
	altimore	St. Agnes Ho	FT ADDRESS)		120. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST CONTINUE TO THE PROPERTY OF THE PROPERT		OF BUSINESS O
USUA 13a. S1	IL RESIDENCE (IF NURSING HOME OF C TATE 13b. COUN	other institution, give residence before TY 136. CITY OR TO BALLIMO	ORE ADMISSION) WN OTE	13d. INSIDE CITY LIMITS?	5564 Dels	ZIP CODE Dres Ave.	21227
10	ther's NAME Benjamin	Evans	5	15. MOTHER'S MAIDEN NA Susan	WIDOFE	Adreon	LAST
	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 215-07-		John Winds	or 7025°R Baltin	Kenleigh Rore Md 2	d. 1212
NO.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONTRACTOR CHITCHIC C. 19a. DATE OF OPERATION	DUE TO, OR AS A CONSEO (c) SEVERE ONDITIONS CONTRIBUTING TO	STIVE UENCE OF ATH O DEATH BUT LUPE	EPOSCLERO NOT RELATED TO THE TERM		20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
CERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR	21c HOW INJURY OCCUR			
N.	OR CONTRIBUTING CAUSE OF DEAT	III.	19				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	E, FARM, ETC)	211, LOCATION STREET	CITY OR TO	OMN CONNIA	STATE
	saw the deceased alive an_	ol) attended the deceased from		nd that in (my) (our) apinion	death accurred on the d		, that (I) (we) la
	obove, (I) (we) (did) (did not 27b. SIGNATURE	view the body alter death.		DEGREE			TE SIGNED
	Jame 5T	ander.		ATTENDING PHYSICIAN [MEDICAL STA	FF _ / >	110/87
	22d. PHYSICIAN'S NAME (TYPE OR	E. TAYLOR 1	n.D.	220 ADDRESS ST AG1	M	TAL	
	URIAL, CREMATION, REMOVAL SPECIFY burial			EMETERY OR CREMATORY L'S Cemeter	y Wenona	Som.	Md .STATE
	INERAL DIRECTOR	Rt. 3, Bo		VY 400	4 17 1000	256. REGISTRAR'S, SIGN	URELARE
Le	roy G. Webst	er Princess	Anne	Md21853 FF	B 1 3 1987	4	

COLUMN TO THE REAL PROPERTY OF THE PERSON OF Section of the second

			8a., 22a., 6				ARYLAND AND MENTAL HYC	SIENE			
		1-	state by Med.Ex. REGISTRAR Item #14	~ ~ ~	ICAL EXAMIN		ERTIFICATE OF	1.5	REG. No. 3	0 0	6.9
1451	192 FEB	J. DE	CEASED NAME FIRST E OF FRINT) MARY	<i>>/±</i>	Holen	nan _{EX}	ANS	2ª DATE KNO OF ES DEATH MA	11-	18 19 8°	2b HOU
N	FCTOR, FTIES. STREET,	3 SEX		S. DATE OF BIRTH		ARS IF UN	IDER 1 YR. IF UNDER 24	HRS. 2c. DATE	MONT		2d HOU
1 3	도움프라고 도움프라고		emale Black	2 18	68 19 v		HS DAYS HOURS MI	DEAD	2	18 19 87	5:30
0	PRESTO	FO	Baltimore	76. CITIZEN OF WH		MARRI		님	ore Cou	nty of DEATH	M
	N SEE STATE	10. C1	TY OR TOWN OF DEATH	ENF NOT IN SUCH FAC	PITAL, NURSING HOM			FOR MOST OF WORKING	ON (TYPE OF WOR	K 126 KIND OF E	
. 1	35-18% F	USUA	TOWSON L RESIDENCE (IF IN MURSI OF HOME O	R OTHER INSTITUTION GIV		cal (12	-
. 21201	AND STORES		maryland	TY	Baltimor	е	YES 🗓 NO 🗌	STREET ADDRESS	extingt	on St. 2	21223
RE, MD.	A SECTION OF THE SECT	14. F/	STHER'S NAME SESSON S	MIDDLE	Evans Ho	Leman	is mother's maident First Sarah	NAME		Willian	ns
BALTIMORE,	U ON STORAGE	160 V		MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		17 INFORMANT		DDRESS		
BAL	SA HAG		NO 18 CAUSE OF DEATH (Enter onl	-	214-90-7	556	Joseph H.	Evans 200	6 W. Le		St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	ECUTED WITH A SET IN TEXT OF THE EXAMINED TO SET IN TEXT OF THE EXAMINED TO SET IN THE SET IN THE EXAMINED TO SET		Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause lost</u> .	(c) P (a) P (b) P (c) P (c)	AS A CONSEQUENCE	OF OF	c Shock Sy				
CORDS	D BE EXECUTED BY EXECUTED BY SERVICE ENDING FOR SERVICE ENTH AND CREMATION	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING 10 DEATH B	UT NOT RELATED TO THE TERA	NNAL DISEASI	OR CONDITION GIVEN IN PART 1	0			
ITAL RE		CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?	7 1 3	1	20 AUTOPS	Y? NO []
NOFV	CERTIFICATE SE TING THE WOR DED TO THE CI 3 SHOULD BE DEPARTMENT 1 PRIOR TO BUIL		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		MONTH DAY YEAR	21¢ HC	OW INJURY OCCURRED	ENTER NATURE OF INJURY II	VITEM 18 PART 1 OR		.,,
DIVISIO	THIS CERTIFICATE SHOUL WARDED TO THE WORD "F WARDED TO THE CHIEF PAGE 3 SHOULD BE USED TATE DEPARTMENT OF HI 21201 PRIOR TO BURIAL,	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY	STATE
•	TO MEDICAL EXAMINER: HIS CE EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDED TO FUNRAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		22a. I certify that I taak chard death resulted from ACTUAL SIGNATURE	of the remains desc		Autap:		. Inquiry Judgetermined manner MEDICAL EXAMINER	ond in my DAT		-87
	XECUTE AGE 4 S O FUNE FITER DE				okes, M.D.			Penn St.,	Balto.	, MD 21	1201
07/84	BP 566	E	JRIAL, CREMATION, REMOVAL 2. GEORGIAN Urial	36. DATE 2/24/87	23c. NAME OF CE		r CREMATORY 2 rest Cem.	3d LOCATION CITY OR TOWN Owings M			STATE
25M	DHMH - 17 VR A15 ME (5))		INERAL DIRECTOR NAME arch West F/H	4300 Waba			250. DATE REC	D. BY REGISTRAR 2	B REGISTRAR'S		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE T#7STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN I. DECEASED NAME 26 HOUR (TYPE OR PRINT) DELAY IS NECESSARY, PLEASE DE TO THE FUNERAL DIRECTOR. THA PAGE S FOR YOUR FILES. THE STATE OF T OF ESTI-DEATH MATED Charles 2 19 87 Everett 4. RACE 3. SEX . DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 2d HOUR IF UNDER 24 HRS 20. DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED 2:45P DEAD 09/02/19 67 198 male white 70 BIRTHPLACE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY Baltimore County, USA WIDOWED DIVORCED West Virginia 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) mechanic Catonsville mfq. Arbutus Avenue LD BE EXECUTED WITHIN 24 HOURS AFTER DEATH # AND DEL PENDING" IN PENCIL IN ITÉM 16, GIVE PAGES 1 2 AND 3 TG ** MEDICAL EXAMINER ALONG WITH FORM D AS A BURIAL TRANSIT PERMIT, PAGES 1 AND 14 HOURD BI TAX THAT AND AREATAL MYCHENER DIVISION USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13e STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? 10 Arbutus Avenue Catonsville Maryland Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE FIRST Sally M. Webber John L. Everett 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Ruth Everett 10 Arbutus Avenue WW2 220-10-4681 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Gunshot: wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a ICAL EXAMINER: THIS CERTIFICATE SHOULD BE E: THE CERTIFICATE, WRITING THE WORD "PENDIN SHOULD BE CORWARDED TO THE CHIEF MEDICAL DIRECTOR: PAGE 3 SHOULD BE USED AS A EATH, WITH THE STATE DEPARAMENT OF HEALTH ORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO CAUSE OF DEATH 2:30 M 1219 87 Self inflicted 21e PLACE OF INJURY 214 INJURY OCCURRED 21f LOCATION WHILE AT WORK AT WORK X STREET, FACTORY, FARM, ETC 1 CITY OR TOWN home Arbutus Ave, Catonsville, Baltimore, MD. TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SAUTIMORE, MARYLAND, 228 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion X Undetermined manner death resulted from Natural causes TITLE (SPECIFY) ACTUAL 2/13/87 Assistant SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD.

BP **DHMH - 17** (VR A15 ME (5))

07/84

25M

02/17/87 Burial

230 BURIAL CREMATION REMOVAL 236 DATE

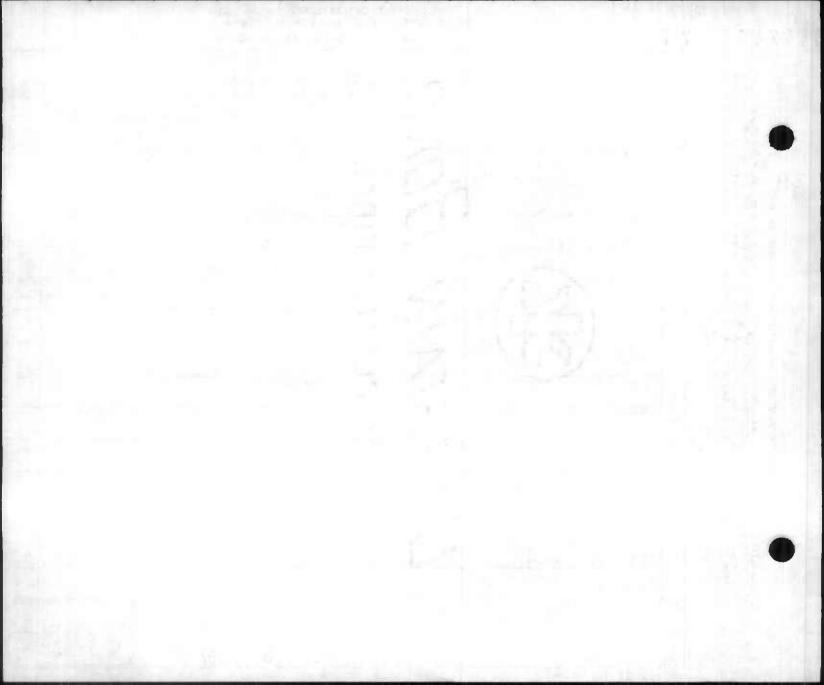
TYPE OR PRINT

23c NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery 23d LOCATION Dorsey

COUNTY Howard

Md

24 FUNERAL DIRECTOR 1328 Sulphur Spring Rd.



0434

56

a rector, page 3 nous ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		ENES 7	0 3	0	8 4
1		CEASED NAME	FIRST	-	MIDDLE	L	AST	T		MONTH DA	AY YEAR	2b HOUR
1	(TYPE	OR PRINT)	rank		J.	Far	ace		2/	5/1987		1:45A M
	3. SEX	(4 R	ACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRT		F UNDER TYEAR	IF UNDER 24 HRS
1		MAle	100	Whi	te	MONTH		EAR	0.5	WC	SNIHS! DATS	HOURS MIN.
-	7a BIF	RTHPLACE ISTATE OR FO	REIGN 7h (ITIZEN OF	WHAT COUNTRY	2 8	8-1902		85 9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
ŝ		OUNTRY)				MARRIE	D NEVER MARK		Baltimore Baltimore	Count	У	
d		Balto MD. TY OR TOWN OF DEAT	н 11.	U.S.A	HOSPITAL, NURSI	WIDO WE	D DIVORC	8.27	12a USUAL OCCUPATK)N	12h KIND C	MD. OF BUSINESS OR
	1	Towson	X	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)			(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
1	LISTIA	AL RESIDENCE (IF NURSIN	S to OR OTHE	Stell.	a Maris	Hospic	e		DiGiorgio	Corp.	REt	ired
1		TATE	COUNTY	KINSTITUTION	13c. CITY OR TO		13d INSIDE CITY LA	MITS?	13e.STREET ADDRESS /	ZIP CODE		
2.		MD.			Balto.		YES 🔀 NO	_	2213 Ches	terfie	1d Ave	221213
A	M. FA	THER'S NAME	MIDD	16	LAST		15. MOTHER'S MAI	DEN NAM	MIDDLE MIDDLE		LAS	,
	/		t Fara		170		Rose		MIDDLE		Salic	
7		AS DECEASED EVER IN	U.S. ARMED	FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRE			
20	(14	ES, NO OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	216-01-	6867	Concetta	R. No	olker - 650	5 Glen	oak Av	7e21214
	CERTIFICATION	Conditions, if any, gave rise to imme couse (0), stating underlying cause	which diote the lost.	DUE TO, OI (b) DUE TO, OI (c) DITIONS CC	RAS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE TO CONTRIBUTING TO	JENCE OF JENCE OF	Illness ostatic C	HE TERMI	NAL DISEASE OR CONE	20b. IF YES.	WERE FINDIN	NGS USED
	RTIFIC								YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
,	MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	P.,	m. month [m.	DAY YEAR	AR		RED (ENTER NATURE OF INJURY IN ITEM 18		B PART I OR PART 2)	
	MED	21d. INJURY OCCURRE		21e PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET		CITY OR TO	VΝ	COUNTY	STATE
ч		22a.l certify that (1) (this haspital) attended the deceased from 8/1/86 19 86 to 2/5 19								87	that (f) (we) last	
1		sow the deceased abave, (I) (we) (die		2/4	19_	87 or	nd that in (my) (aur)	opinian d	eoth accurred an the do	te and hour	and from the	causes stated
		22b. SICNATURE	al	exav	DEGREE ATTEN	DING	MEDICAL STAF		22c. DATE	SIGNED		
		22d. PHYSICIAN'S NAA Carla	Alexa	nder,	MD.		220. ADDRESS Stel	la Ma	aris			
	23a B	URIAL, CREMATION, RI	EMOVAL 2	3b. DATE	23c.	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION			
	(:	Burial		2-6-87		Gardens	of Faith	Cem	Balto.	Md.	COUNTY	STATE
N	24. FU	INERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE

John C. Miller, Inc. - 6415 Belair Rd.-21206

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNETAL DIRECTOR: After this certificate has been signeds by the bound be distached for use as the burial-transit permit. Then please removed the Dept of Health and Mental Hygiene prior to burial, creater

TO MOSPITAL OR ATTENDING PHYSICIAN. The retained by the haspital or attending physician

BP.

injury, ar other trai

OHTANE: If them 21 is marked or flew 18 shows any

>1_____

FOR - STATE 7 REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 /	O EG. NO.	3 0 8	,
PECEASED NAME AKAT	Josephir		avia	AST	20. DATE OF DEA		DAY YEAR 26 H	4:35
2-Sister	M. Don	ninic	Fav	ria	rebru	954 2	6 1987	P M
SEX	4 RACE		5. DATE C		6. AGE (IN YEARS I	AST BIRTHD (Y)	IF UNDER I YEAR IF UN	DER 24 HRS
Female	White	9	June		78	YRS.	MONTHS DATS HOU	MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE C	ITY OR COUNTY	Y OF DEATH	
New York	US		WIDOWE	D DIVORCED		ore Cou	nty	MD
CITY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION	128 USUAL OCC	UPATION MOST OF WORKING LI		INESS OR
Towson		seph!s H		al	Nun		Religious	Order
UAL RESIDENCE (IF NURSING HOME). STATE	OR OTHER INSTITUTION	GIVE RESIDENCE : FORE		134 INSIDE CITY LIMITS?	13e STREET ADDE	RESS / ZIP CODE	E	
aryland B	altimore	Towson		YES NO X		. Joppa	Road, #2	1204_
FATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA/		DDLE	LAST	
Salvatore		Favia		Giovannina			Sclafani	
WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	Mission Help		ADDRESS	d Heart	
No		214-74-9	479	Motherhouse	1001 W	. Joppa	Road, Toy	son.MD
18 CAUSE OF DEATH LENTER PART I. DEATH WAS CAU IMMED Conditions, if ony, which	ISED BY.	Ine for Int. 15t. and	etre	shock bu to	2120 11 im		APPROXIMATE III BETWEEN ONSET	NTERVAL AND DE ATH
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	r as a conseque	NCE OF					
advanced A	SCVD W	it intra	etale	NOT RELATED TO THE TERM	pointens	in, Chro	mie read 1	arlun
19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDINGS U FYING CAUSES OF DI ESNO	EATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18. I	PART I OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
220 Langeifer about 18 (about her	enital) attended th	Adacancad from		10.87	- 2	12%	10 87 11-1	DimeNlant

22¢ DATE SIGNED

REGISTRAR SOIGNATURE

STAFF

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene. The The ATTENDING etoined by the hospital IMPORTANT: If Hem BP

8

51 I is marked a

director, page 3 hours after death

Pa

physicia

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

USUAL RESIDENCE Maryland FATHER'S NAME FIRST

160 WAS DECEASED LYES, NO OR UNKNO No

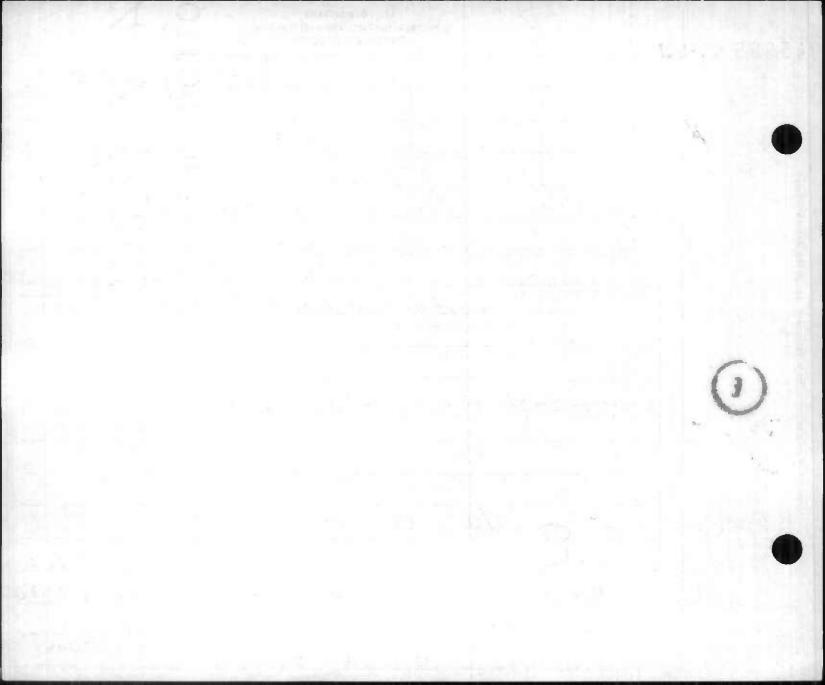
22a I certify

CERTIFICATION

3. SEX

sow the deceased after one obove. (1) (we) (did ((did not) view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN 4 DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore City, Maryland 2 Mar 1987 New Cathedral Cemetery Burial 24 FUNERAL DIRECTOR Lawson, 10 W. Padonia Road, Timoniu AR

DHMH - 16 60M 7/84 (VRA 15, 4)



Ud + 1833

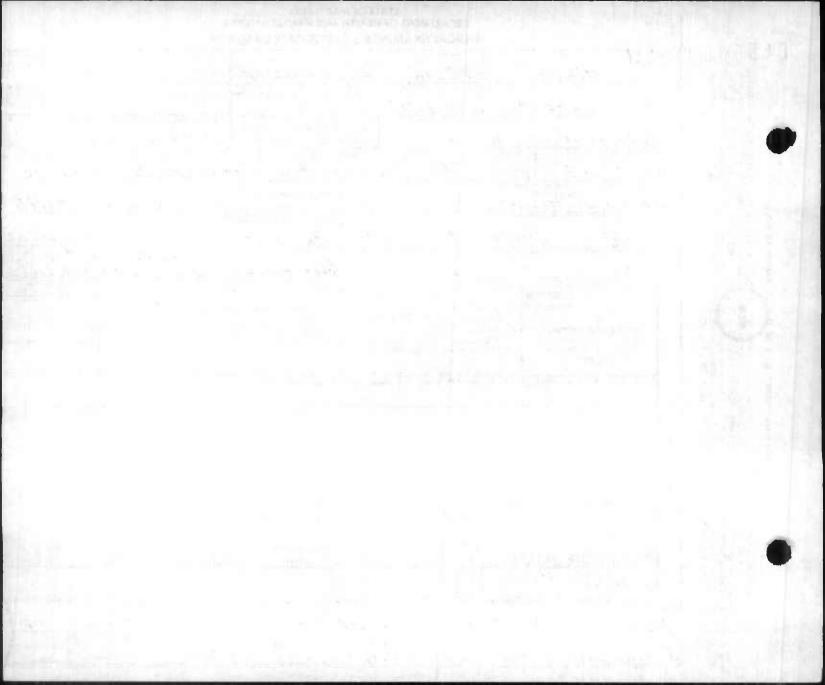
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO MOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be recovered by the haspital or attending physician. TO FUNERAL DIRECTOR, After this certificate bos been signed by the attending experiment of the properties of the buriol-transit permit. Then please remove contaminations and 2 minutes in the permit after the state of the buriol-transit permit. Then please remove contaminations are made in the permit of the death which have made prior to buriol, creamation, or immediate.
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043960

1901			CERTIFICATE OF DEATH	REG. NO.	
1111	ECEASED NAME FIRST JO	ANN	FERGUSON FERGUSON	20. DATE OF DEATH MONTH	9 RA 1 1
3. SE	2	1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2.4 MONTHS DAYS HOURS A
1 70.5	HETHPLACE (STATE OR FOREIGN	White	June 26, 1928	58 YRS	
n pr	ENNSYLVANIA	US, USA	MARRIED DIVORCED	Balto. Count	-V
18	OW SON	St. Joseph Hos	_	120 USUAL OCCUPATION (1996 OF WORK FOR MOST OF WORKING L HOMEMAKET	126 KIND OF BUSINES
130.	TAL RESIDENCE HE NURSING HOME OR STATE MALCOUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN \$13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP COD 608 Evesham Ave	e. 21212
300	ATHER'S NAME FIRST Robert Emme	tt Shelton	15. MOTHER'S MAIDEN N FRS1 Marie	LeGoe	LAST
160	WAS DECEASED EVER IN U.S. ARI	wed forces? 166 SOCIAL SECTION 460–46–		eguson 608 Evesh	am Ave. 21212
110		y one couse per line or (a) (b), or BY: E CAUSE (a)	nd (c1,1	.1.	APPROXIMATE INTERVA
rinjury, or at		(Ic)ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER		
Showeny injur	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO
-/ /	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART T OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STAT
21 is mo	220.1 certify that the (this hospit saw the deceased alive on above, an (westfald) (declared)	ol) offended the deceosed from 19	3 , 19 8 8 , and that in (m) (our) opinio	n death occurred on the date and ha	, 19_87, that VI (we ur and from the couses state
E 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Able	in		MEDICAL STAFF DIRECTOR PHYSICIAN	2-10-87
APORTANIE TEAN	Anderson M.		7600 Osle	er Dr. 21204	
230	BURIAL, CREMATION, REMOVAL ISPECTRY) Burial		NAME OF CEMETERY OR CREMATORY ew Cathedral	_ CITY OR TOWN	COUNTY STAT
		7-17-01 IN	cw vachedlal	Baltimore	Md.

CASAL ver parter - records - at all-la-la-Till an enfer 1985

20M 4/82



STATE OF MARYLAND

3	REG, NO	0	3	5	8	
					* ***	_

44392 FEB	117	FOR SIATE REGISTRAR			DEP		HEALTH AND MENT		ENE 8 7	0	3	5	8	7
	I. DE	OR PRINT)	FIRST		MIDDLE		LAST		20 DATE OF DEATH	HINOM	DAY	YEAR	26 HOU	IR
poge 3			ace		Regina		ick		2-14-198	*				A.M
ge 4 mo	3. SE	Female	4.	RACE Whit	ce		OF BIRTH -1-1910	EAR	6. AGE (IN YEARS LAST BIR	YRS.	MONTHS	DAYS	HOURS	24 HRS MIN.
Per die	7a B	RTHPLACE (STATE OR FOR COUNTRY) Md.	EIGN 76	U.S.	WHAT COUN	ITDV2 8	D X NEVER MARRI		Balto.	_	Y OF DE	ATH		MD.
s ofter dec	1	Parkville		2622 W	endove	r Rd.	OR OTHER INSTITUTION	ON	12a USUAL OCCUPATION OF WORK FOR MOST CHOMEMAKER			KIND O USTRY	F BUSINE	SSOR
filled in lould be f	USU. 13a	AL RESIDENCE (IF NURSING TATE 13	b. COUNTY Balt	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	134 INSIDE CITY LIM	00 MT	13e STREET ADDRESS 2622 Wend			212	234	
appletely on 2 sh	14. FA	THER'S NAME FIRST Aloysius	MIE	DDLE	awrenc		IS MOTHER'S MAIL FIRST Josep		NE MIDDLE		Feige	LAS	1	
n and con . Pages i		VAS DECEASED EVER IN			166. SOCIAL	SECURITY NO.	17 INFORMANT		ick, Same a	ESS				
NG PHYSICIAN. The low requires that the death certicated physicion. Her the certificate has been gated by the attending poster the secular period. The please temper control thank Aveital Hypere pick to believe a mission to remark ever asked or than 18 there are marginal asked or than 18 there are according to the control of the contr	NO.	Conditions, if any, we gave rise to immediate cause in stating underlying cause	diate the last	(c)	PR AS A CONS	SEQUENCE OF	U.D.	HE TERMII	nal Disease or Con	IDITION GI	IVEN IN F	ART 1cc	2	
he low re	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION FOR W	HICH OPERATION	ON WAS PERFORMED		200 AUTOPSY?	IN CERT			OF DEAT	H2
CIAN. TI		210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL	ISE OF DEATH			DAY YEAR	21¢ HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR	PART 2)		
offending	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE	OF INJURY	FFICE FARM ETC)	211 LOCATION STREET		CITY OR TO	NWO	COL	NIA	S	TATE
OK ATTENDI or hospital or DIRECTOR. oched for us Dept of Hem 21 is		220.1 certify that (1) (11 saw the deceased above, (1) (we) (did 22b. SIGNATURE	alive on_	P/14	56		DEGREE ATTEN	apinion d	eath occurred on the d	ate and ha		am the	that (I) (v couses sta SIGNED	
TO HOSPITAL TO FUNERAL should be det with the State		22d PHYSICIAN'S NAM			(D)		22e ADDRESS 7122 Ha		d Rd.	CIAN				
PD HO		BURIAL, CREMATION, RE	MOVAL	236. DATE	16,1987		CEMETERY OR CREMA	ATORY	23d LOCATION CITY OF TOWN Balto.,		COUNT			STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		peral director eonard J. I	łuck,	Inc.,	5305 Hg	arford R		250 DATE	REC'D. BY REGISTRAR				URE Randa	A.

na Tanatana and Ta . The succession of the Asserted Laboratory and appropriate aller, at the

Legisland and the control of the con

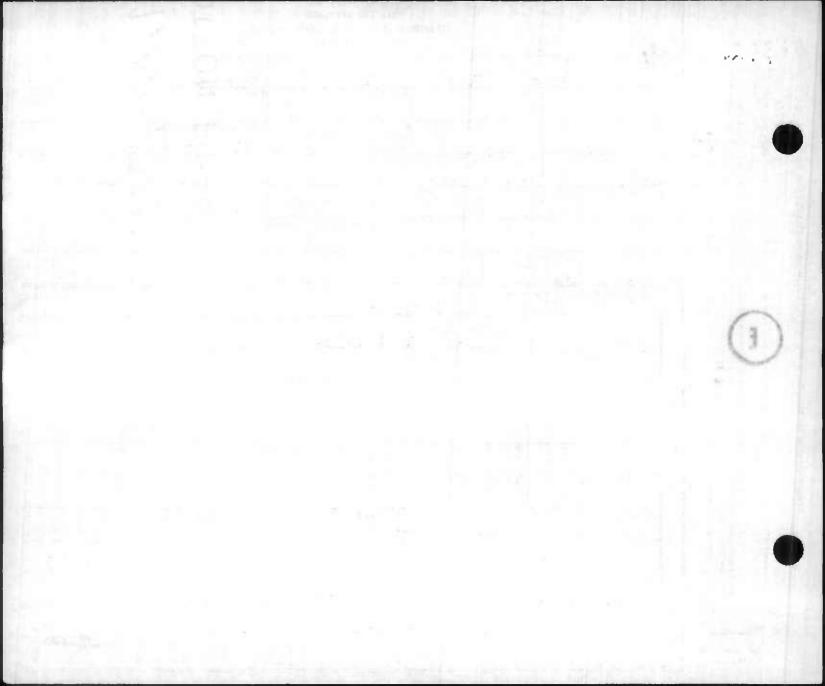
STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

7	0	3	6	4	U
REG. NO.					

1	REGISTRAR			CERTII	ICAIL OI DEAT	**	REG. N	IO.		
	PE OF PRINTS	Ť	MIDDLE		AST		2a DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
		ames	G.	F.	INK		February	5. 1987		5.25
3. S		4. RACE	ATTE	5. DATE C	OF BIRTH		AGE (IN YEARS LAST BE	RTHDAY) IF UN	DER 1 YEAR	IF UNDER 24 HR
	Male	Cau		MONTH) 9	7.7	YRS.	DAYS	HOURS MI
7a.	BIRTHPLACE (STATE OR FOREIGN		F WHAT COL	JNTRY? 8		_ 0	BALTIMORE CITY		DEATH	
	COUNTRY	77 6	3 A	WIDOWE	D NEVER MARRI		Daltimana	Country		
10.	CITY OR TOWN OF DEATH		F HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	ON I	Baltimore	ION 12	B. KIND O	F BUSINESS C
	n 1.			VE STREET AGORESS)	. 1	1.	(TYPE OF WORK FOR MOST	-		
USI	Balto. UAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTIO	ON GIVE RESIDEN		ital		Feeder Pre		ont 1	ress
130		COUNTY	13c. CITY C		13d. INSIDE CITY LIA		Je.STREET ADDRESS		۸	21227
14.1	Md. B	alto.	Balt	0.	YES NO		5923 Shady	Spring	Ave.	21237
	FIRST	WIDDLE		AST T	FIRST		MIDDL€		LAS	
	WAS DECEASED EVER IN U.	S ADMED CODCES		ink	Sophie	2	ADDR	Ecc	Klir	na
100	(YES, NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	100							2123
	Yes W	.W.II	215-	09-7978	Virginia	a B.	Fink 5923	Shady Gr		
	18 CAUSE OF DEATH (Ent	ter anly ane cause p		ac Arres				-	BETWEEN	MATE INTERVAL ONSET AND DEA
CERTIFICATION	PART 2 OTHER SIGNIFICATION				NOT RELATED TO TH		AL DISEASE OR CON	20b. IF YES, WE	RE FINDIN	IGS USED
TIER							YES NO	IN CERTIFYING		OF DEATH?
			OF INJURY A.M. MON'	TH DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN)	IRY IN ITEM 18 PART I C	OR PART 21	
MEDICAL	(IF EITHER NOTHY MEDICAL EXA		P.M.	19						
MED	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME	E OF INJURY STREET, FACTORY,	OFFICE, FARM ETC.)	211 LOCATION		CITY OR TO	OWN	OUNTY	STATE
	22a I certify that (I) (this	haspital) attended	the deceased	from Febru	Jary 1 19.	87	10 Februar	V 5 19	87	that (I) (we) fo
10	saw the deceased alivabove, (4) (we) (did) (d	e on Febru	lary 5	_19 <u>87</u> , or	nd that in (my) (aur) (apinian de	eath accurred an the c	late and haur and		
	22b. SIGNATURE	a nati view the bot	dy ditter death		DEGREE				22c DATE	SIGNED
	1 100	evel	h.		ATTENI	DING	MEDICAL STA	FF CIAN P	2-5	-87
1	224 PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS					
	Dr. Mino	cha			9000 F	Frank	lin Square	Drive.	212	237
23a.	BURIAL, CREMATION, REMO			23c NAME OF C	EMETERY OR CREMA		23d LOCATION			
	(SPECIFY) Burial	2-7-8	37	Garden	s of Faith	h	Balto.	Bal	to.	Md.
24	FUNERAL DIRECTOR					25a. DATE	REC'D. BY REGISTRAF	25) REGISTEAR	SENAT	the date
	John C. Mille	r Inc. 6	415 Bel	air Rd.	21206	FEB	6 198/	U Comment		
	OCITIE OF TITTE	T TILCO O.	~ ~							

DHMH - 16 60M 7/84 (VRA 15, 4)



	SI
44900 FEB 25- STATE STAT	DEPARTMENT C
RÉGISTRAR	CE

ATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CEKITE	ICATE OF DEATH	REG.	NO.		1
DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	Zoe		L.	Fi	nkbinder	Febr	uary :	17,1987	11:00 A
SEX	14	RACE	170 900	5. DATE O		6 AGE (IN YEARS LAST I	IRTHOAY)	MONTHS DATE	IF UNDER 24 HRS
Female		White		Sept	. 24, 1926	60	YRS.	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE O	R FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8. *** A D D I I	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Phode Isla	nd l	U.S.	.A.	WIDOW		Baltim	ore Co	ounty	MD.
. CITY OR TOWN OF D	EATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR
Towson			r Care Ru			Teacher -			.Co.Schoo
SUAL RESIDENCE HE NU	RSING HOME OF C		GIVE RESIDENCE BEFOR		1134. INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIP COL)E	
Maryland	Balti		Luthervi		YES NO X	107 Wai	rwick	Dr.	21093
FATHER'S NAME	M	DOLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	T.
William	Ea	ston	Loutti	t,Jr.	Doris			Carpen	
WAS DECEASED EVE		ED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADD	RESS		
No			035-20-8	855	Ralph D. Fi	nkbinder -	same	as #13e	200
			ne for (a), (b), or	dicin .		-//	1700	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH	IMMEDIATE		card	ra	cure	1		tim	vine !
		DUE TO C	R AS A CONSEOU	ENCE OF		1.10/		611	
Conditions, if an		(b)_	ASC	CY	D		11.79	87	ns
gave rise to in couse (a), sto		DUE TO C	R AS A CONSEOU	ENCE OF	A.	101-1		dia	
underlying cau	se last.	((c)_	Dus	Re	es me	lever	0	20	100
	GNIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 10	a
5					Sterie Inc. at			100	
190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDING CAUSES	OF DEATH?
				1		YES NO		YES 🗍	NO 🗌
00.00.00.00.00.00		216. TIME O	OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
(IF EITHER NOTIFY ME	DICAL EXAMINER)	P	.M.	19					
(IF EITHER NOTIFY ME			OF INJURY	FARM ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
AT WORK AT	ORK			011	10/10			0.0)
220.1 certify the				7/	19.60	_ to #			that (I) (we) lost
	(did) (did nat)	view 1 body		7		death occurred on the	dote and ha	our and from the	couses stated
226 SIGNATURE		- 0.	//		DEGREE	MEDICAL ST	AFE	22c. DATE	SIGNED
Mea	rge	1. 191	Liva	Le VI	ATTENDING PHYSICIAN [DIRECTOR PHYS	AFF ICIAN []	2/1	7/8/
22d. PHYSICIAN'S	NAME (TYPE OR	PRINT }			22e ADDRESS				

should be detoched for use with the State Dept. of Hes IMPORTANT: If them 21 is n FUNERAL DIRECTOR

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

18 show

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE 2-20-87

Dr. George T. Gilmore M.D.

23c. NAME OF CEMETERY OR CREMATORY Moreland

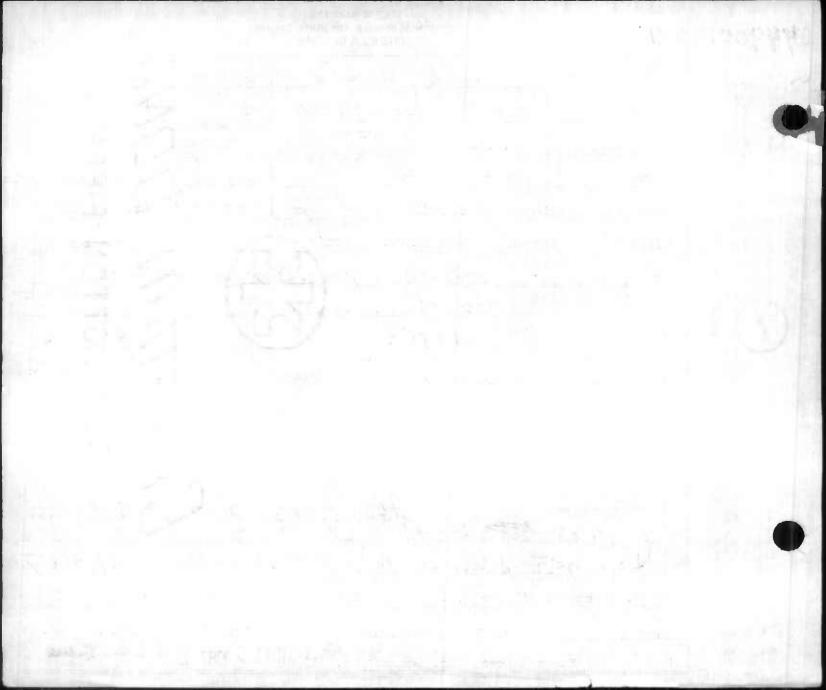
23d LOCATION

1717 York Road, Lutherville, Md. 21093

Balto.,

STATE Parkville, Md.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204EB 1 9 1987



			AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	3	-
5	5	1
		REG

0	3	5	3	J. Com
	-	-		hip B

Md.

	- STATE - REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	03692
	CEASED NAME PRIST	artha Janette	Fleagle	Pebruar	y 21,1987 9:05a
3. SE	Female	4 RACE white	5. Date of Birth July 9, 1892 YEAR	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 21 HRS MONTHS DATS HOURS MIN YRS.
) 10 B	COUNTRY) CO Md.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED K	Baltimore city or Baltimor	
1	Towson	11. NAME OF HOSPITAL, NURSIN OF NOT IN SUCH FACILITY, GIVE STREET Presbyterian H	ADDRESS OF Md.	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Teacher	N 126. KIND OF BUSINESS O WORKING LIFE) PUBLIC School
130 M	STATE 136 COU	or other institution, give residence before inty 13c, City or tow catonsy Middle Fleagle	13d. INSIDE CITY LIMITS? YES NO XX 15 MOTHER'S MAIDEN NO FIRST	13e STREET ADDRESS / 2 238 Ridgewa	
	WAS DECEASED EVER IN U.S. AI		IRITY NO 17 INFORMANT	ADDRESS	
o they traum	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE			Oscas grs-
CERTIFICATION	- Status DO	196. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM LO W. Meglin-, CA OPERATION WAS PERFORMED	BOU 43 T	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\tin\text{\texi{\text{\tex{\text{\text{\text{\text{\text{\text{\text{\text{\tint}\te
orked or Item 18 s	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETIMER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOTE WHITE AT WORK AT WORK	HOUR A.M. MONTH DA	19 211. LOCATION	RRED (ENTER NATURE OF INJURY)	N COUNTY STATE
Ě	100-0 100 11 100 110 110 1	oital) ottended the deceased from_	eltral 10 lal		19 27, that (I) (we) la

236. DATE

Feb. 24, 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Mitchell-Wiedefeld

(SPECIFY) Burial

24 FUNERAL DIRECTOR

7215 York Road Bal.Md. 21212

231. NAME OF CEMETERY OR CREMATORY Church of God Churchyard Mayberry Carroll Co.

Home 6500 York Rd.Bal.Md.21212FEB 2 5

1

FFA25 ROY PLANTED TO BE A STATE OF THE STATE

		Page 4 moy	director, pog hours ofter de	/8
201	4	stitat OK ATTENDING PHYSICIAN: he law requires that the death certificals be executed within 24 hours after death. Page 4 may by the haspital or attending physician.	VERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag bedetached for uses as the burial-transit permitten. Then please remove corbon appear, pages 1 and shall de filed within 72 hours ofter de sate best, of Health and Mental Hyaiene prior to burial, cremation, or removal.	ANT: If them 21 is marked or them 28 shows ony injury, or other troumotic event, the medical examiner must be natitied an aree.
AARYLAND 21		a ithin 24 ho	ing 2 should be	xdm ner must b
BALTIMORE.A	1)	sician and car pers, Pages 1 al.	, the medical e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-	e death certific	VERAL DIRECTOR, After this certificate has been signed by the attending physician on the detacted for use as the buriol-transit permit. Then please remove containpopels, Prog. State Deat, of Health and Mental Hyajene prior to buriol, cremotion, or removal.	froumotic event
RDS, 201 W. P		equires that the	Then please ren ta burial, crem	njury, or other
VITAL RECOI		hysician.	ricote has been ronsit permit. Hygiene prior	AB shows ony
DIVISION OF		SPITAL OK ATTENDING PHYSICIAN: The I by the hospital or attending physician.	After this certification of the buriolist	narked or Item,
		the hospital a	L DIRECTOR.	. If Item 21 is m
		by by	be de	AN

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

19 FER	17	STATE REGISTRAR				TH AND MENTAL HY	GIENE 8 /	VO.	3 0	7 0
. 0		CEASED NAME FIRST	MIDI	DIE	LAST		20 DATE OF DEATH		YEAR 2	h HOUR
rer deoth	(TYPE	OR PRINT)	Fannie	М.	Flo	wers	2-8-87			
X	3. SE	X	4 RACE		S. DATE OF B	IRTH	6 AGE (IN YEARS LAST E	IRTHDAY) IF UN		FUNDER 24 HRS
0 0		Female	В		5 5	13 1919	67	YRS.	DAIS	MIN.
18/ N		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	ALADDIES T	NEVER MARRIED	9. BALTIMORE CITY			
1	-	LA.	U.S.	Α.	WIDOWED		Cou	inty, B4	+ Ito.	MI
20		rners St.	11. NAME OF HO		HOME OR C	THER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		N KIND OF	BUSINESS OF
Sustained S	130 S	AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION GIVE Balto.	residence before at CITY OR TOWN Turners	C+ 1130	I. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	21:	222
1	14. FA	THER'S NAME		LAST	15	MOTHER'S MAIDEN N				
8	E	Erwin Boo	ker	LASI		America	MIDDLE	Book	er	
9 /		VAS DECEASED EVER IN U.S. AF		SOCIAL SECURI	TY NO. 17	INFORMANT	ADD	RESS		
ned /	r	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		W	illie Flo	wers 23 R	ayme Rd	. 21:	222
y, or other froumotic event		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR A (b) DUE TO, OR A (c)	S A CONSEQUEN	CE OF	of the B	rest	NDITION GIVEN IN		ATE INTERVAL
giene prior ta b	CERTIFICATION	190 DATE OF OPERATION		DN FOR WHICH O			200 AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING YES	CAUSES O	
Mental Hygins I Item 28 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		MONTH DAY	YEAR	t. HOW INJURY OCCUP	RED (ENTER NATURE OF IN.	URY IN ITEM 18 PART I C	OR PART 2)	
or them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	BINIDY	19	1 LOCATION				
	MEC	WHILE NOT WHILE		INJURY FACTORY OFFICE, FAR		STREET	CITY OR 1	OWN	COUNTY	STATE
		220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did/vid) do	ital) attended the a	leceosed from		~	death occurred on the		from the co	desired to the same of the sam
		The Sh	Cheld	D			MEDICAL ST DIRECTOR PHYS		2/10/8	97
with the Sto		NOEL E. MCC	ALL, MD		ó	e ADDRESS 11/2 Dundal	 	L. Nd. 212	22	
, = /		Burial, CREMATION, REMOVAL				ETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cor	UNTY	STATE
-			2/13/8	/ Ga	rriso	n Forest			Md.	
OM 7/84		UNERAL DIRECTOR		ADDRESS		750. DA	TE REC'D. BY REGISTRA	RI256. REGISTRAR'S	SIGNATUR	Pandall.
43	I.Ta	mee A Morte	n & Son	c 1701	Laure	ns St. E		CHUZEN KI	A. Land	

James A. Morton & Sons 1701 Laurens St. FFB 1 3 1987

Stands and and at the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be required. This is hown all the season beginning the state of the season o	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician unit corractory tilled. The translational director is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Practice of Health and Mental Hygiene prior to burial, cremotion, arremoval.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after seath. Tage 4 may be retained by the hospital or attending physician.
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician unit complete, fulled in the function and should be detached for use as the buriol-transit permit. Then please remove corbon papers. Prayment the plant of Health and Mental Hygiene prior to buriol, cremotion, or removal.
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				STATE OF MARYLAND		
		FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 5 7 4
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	(TYPE	PAUL	F.	FOGLE	Feb 7	1987 1:40 P
	3 SEX	X 4	RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
		Male	White	7-30-1923	63 YRS.	THS DAYS HOURS MIN.
E	Ja BI	RTHPLACE (STATE OF FOREIGN 7	LOUNTRY?	8	9 BALTIMORE CITY OR COUNTY O	FDEATH
5		Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Coun	tv MD.
1	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
5	7	Towson	Greater Baltin	nore Medical Cer	THE Ret. Clerk	Bank
-	USU/ 13e. S	AL RESIDENCE (IF NURSING HOME OR OF TATE 136 COUNT Bal		ADMISSION) 13d. INSIDE CITY LIMITS? YES NOT	3. STREET ADDRESS / ZIP CODE Fellowship	Ct. 21204
-	14. FA	THER'S NAME		15 MOTHER'S MAIDEN NAM	ME	
C		Guy	Fogle	Berdie	Bryl	ey LAST
L		VAS DECEASED EVER IN U.S. ARM		ITY NO. 17 INFORMANT	ADDRESS	
1	0	YES NO OR UNKNOWN) (IF YES GIVE WWI	1 217-12-92	94 Josephine M.	Fogle, Same as 13	e
		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)			
	NO	Pulmonar		EATH BOT NOT KEERTED TO THE TERM	WAL DISEASE OR CONDINON GIVEN	HALAKI IIO
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	deration was performed		VERE FINDINGS USED NG CAUSES OF DEATH?
/	MEDICAL CER	CO COLUMN TO THE CAUSE OF REAL HOUR AM. MONTH TIAY YEAR		Y YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAI	RM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) this based of sow the lececons of the office obove (II) we) and add not	Feb. 7 10 10		to Feb. 7. 19. death occurred on the date and hour or	
7		226. SIGNATUFF 226. PHYSICIAN'S NAME (TYPE OR	PRINTS VALORINE, V	DEGREE ATTENDING PHYSICIAN 120. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Feb. 8, 1987
/	/	John E. Ad	ams, M.D.	6701 N. Ch	arles Street, T	Cowson, Mdy
		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	OUNTY STATE
		Cremation	2-11-87	Westview	Balto., Md.	OURIT STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc., 5305 Harford Rd.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. I	10.			
OF DEATH	MONTH	DAY	YEAR	26 HOUR
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3

	97	REGISTRAR			CEKIII	ICATE OF L	EATH	REG.	NO.			
		CEASED NAME FIRST		MIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	_
	TITPE	OR PRINT)	EIN S	Sophia E	BARBA	RA FONS	TEIN		2	4 87	2:20	PM
	3. SE)	X	4 RACE		5. DATE C	OF BIRTH	1914	6. AGE TIN YEARS LAST	URTHDAY)	WONTHS DAYS	IF UNDER 24 HI	RS
1		Female	cave	ASIAN	MONTH S	29	YEAR	TX P	72 YRS.	MONTHS DAYS	HOURS MI	IN.
-	₹d. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	1 AAAAAAA	D NEVER A	AABBIEDX	9 BALTIMORE CITY		Y OF DEATH		
D		RYLAND	USA		WIDOWE	D Dr	VORCED [Balt	o. C			MD.
5		anda 1/stown	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY OF STREET IN TORE	ADDRESS]			120 USUAL OCCUPA (TYPE OF WORK FOR MOS SELF-I		#E) INDUSTRY	OF BUSINESS (OR
5	13a. S M	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUI		GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTO.		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 7202 VALI	ZIP COD	/ (_	. в-3 т. 2120	08_
ð		THER'S NAME MORRIS	MIDDLE F	ONSTEIN			MAIDEN NAM	MIDDLE	M.	ICHAELS		
		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT MR	S. CLARASE	E OMON	APT.	B-3	
	NO) (IF TES, GI	VE WAR OR DATES	217-32-9	873	7202		COUNTRY CT		BALTO.	, MD 21	1208
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	Compile		Censu	= J		714	BETWEEN	XIMATE INTERVAL I ONSET AND DEAT	ГH
		IMMEDIA				CRASI	2.4					
		Conditions, if any, which (16) ACUTE MYCECLAP, WILL INFORCE.										
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
		underlying couse lost.										
	3.	PART 2 OTHER SIGNIFICANT						INAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	(0	
	o o								- 63			
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	VES NOX	IN CERTI	S, WERE FINDI IFYING CAUSES ES []		
2		210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER HALLE) OF HE	URY IN ITEM IS	PART 1 OR PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DE	nin l	M.	19							
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATIO STREET	N	CITY OR	NWOI	COUNTY	STATE	
		22a I certify that (I) (this hasp	ital) attended th	e deceased from_			. 19	to		. 19	that (1) (we) !	last
		saw the deceased alive ar abave, (1) (we) (did) (did no	at) view the body	olter death.	, or	nd that in (my)	(aur) apinian d	leath occurred an the	date and had	ui and Iram the	causes stated	
		226. SIGNATURE				DEGREE				22c. DATE	E SIGNED	
,		Cellar I climeras in P ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							2-1	4-87		
/		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRES	S					
		Allan T.	Chin	UUS N	.0	Balt	· Co	14 6+	nen	1 Hos	B	
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR O		23d. LOCATION		COUNTY	STATE	
		BURIAL	FEB.6,	1987 5	HAARE	EI TFIL		BALTI		MAI	RYLAND	100
١				N & BROS.		2.	25e. DATE	REC'D. BY REGISTRA	1 1 1			
В	6	010 REISTERSTO	N RD.	BALTO., M	ID	21215	EEB	1 0 1987	Julia	Devidur	Conglicio	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by should be detached for use as the burial-transit permit. The pleate with the State Dept. of Health and Mental Hygiene prior to burial, as

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician.

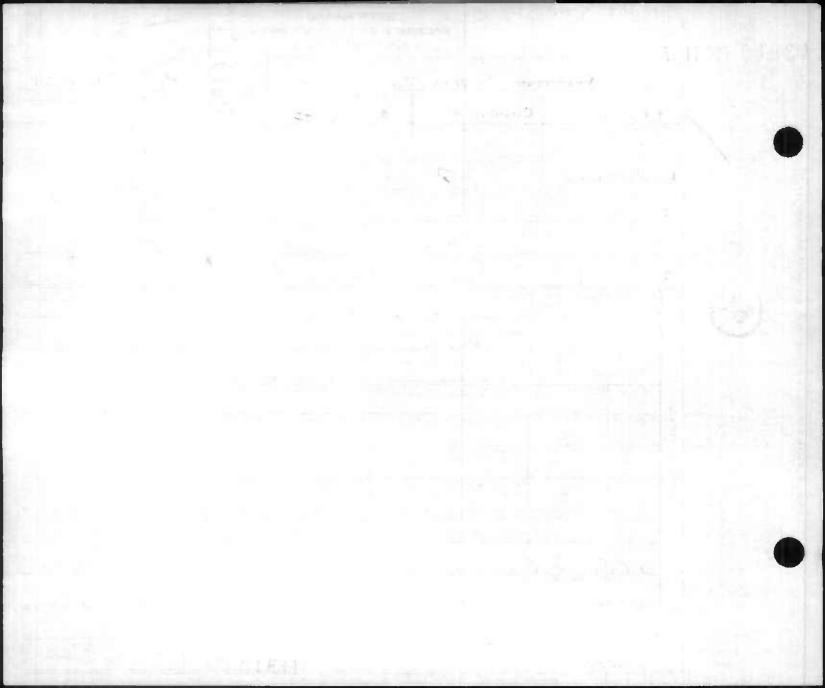
retained by the hospital or

BP.

MAPORTANT: If Hem 21 is marked or Hem 18 shows any

FOR STATE

after death



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH MONTH 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore County WIDOWEDD NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR FORE 300 International Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 131 CITY OF TOWN 13d INSIDE CITY LIMITS? Baltimore 300 International Dr. 21030 Maryland Cockeysville YES [15 MOTHER'S MAIDEN NAME and ? 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST C.F. Gregory 10 Airway Ct. 21204 18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ransit per 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION

DHMH - 16 50M 4/83

d b

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

22a | certify that III (this haspital) attended the deceased from

AT WORK AT WORK

23e BURIAL, CREMATION, REMOVAL

22b. SIGNATUR

Burial

ATTENDING MEDICAL MT DIRECTOR PHYSICIAN PHYSICIAN T 300 International Dr. 21030 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

CITY OF TOWN Lutherville Baltimore Maryland

22c DATE SIGNED

COUNTY

PEB 1 9 1007 ulia Devideon Pandage

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

2-17-87

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

DEGREE

Dulaney Valley

(VRA 15, 4)

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21212 332 302 303 303 21212

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8
7	LAST Ze.	DAT

YG	IENE 8 7 0 3	5 5	90
	20. DATE OF DEATH MONTH DAY	YEAR	26 HOUR
	2/11	87	5:00 PM
	4. 7102 (JNDER I YEAR	IF UNDER 24 HRS
	9 BALTIMORE CITY OR COUNTY OF	DEATH	
	BALTIMORE COU		MD.
	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING (IFE) NONE Seamstres	INDUSTRY	F 8USINESS OR
	13e.STREET ADDRESS / ZIP CODE 2118 SWEET BR	IAR L	1093 .ANE
AA P	MIDDLE	LaScu	
)]	ADDRESS Forte Same as	#13e	
		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
RM	INAL DISEASE OR CONDITION GIVEN	IN PART 10	
	200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES YES		

DECEASED NAME TYPE OR PRINT ANNA FORTE M 3. SEX 4. RACE 5. DATE OF BIRTH 914 29 FEMALE WHITE TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED TTALY Italy WIDOWEL" 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION HOSPI BALTIMORE JOSEPH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1316. COUNTY
1317. CITY OR TOWN TIMONIUM 13d. INSIDE CITY LIMITS MD YES [] NO AT RALTO 14 FATHER'S NAME 15. MOTHER'S MAIDEN I FIRST MIDDLE LAST Pietro Forte Sara 169 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) 214-78-858 Mr. Pietro No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Tumo-Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE CERTIFICATION Rosh + hemipares.s 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased from. 21 saw the deceased olive on 21 (above, (1) (we) (did) (did nat) view the bady after death. 19______, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22b. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22¢ DATE SIGNED

Maryland

STAO MBENE

7600 05(=- Towson MA

23a BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) Entombment

23c NAME OF CEMETERY OR CREMATORY

Dulaney Valley

DEGREE

23d LOCATION CITY OR TOWN Cockeysville.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR

FIRST

Leonard J. Ruck. Inc. Baltimore, Md. FEB

tra Dividen Bais

DHMH - 16 60M 7/84 (VRA 15, 4)

x Book School Co. 199

51	ATE	OF N	ARY	LAND

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ETHEL L. FOX February 21, 1987 SEX S. DATE OF BRITH WAS DECEMBENCED PROPERTY S. DATE OF BRITH WAS DECEMBENCED WAS DECEASED EVER IN U. S. ARMED FORCES? WAS DECEASED EVER IN U. S. AR					STATE OF MAKTLAND			
DECEASED NAME BETHEL	58 FEB 2	610	FOR STATE REGISTRAR	DEPART		0 /	0 3 6	98
ETHEL L. FOX February 21, 1987 SEX FRACE S.DATO FIRTH S.D				WIDDLE	LÁST			2h HOUR
Female White Jan. 24 or 1896 91 vps. Constitution Process Pr	o th	(TYPE		=1.	FOX	February S	21 1087	
FEMALE SETHERACE ISLATE OF DOCUMENT ACCOUNTRY IN ACCOUNTRY IN ACCOUNTRY OF DEATH SETHERACE ISLATE OF DOCUMENT OF DEATH USA WOOD BY MARKED NEVER MARKED SELECTION OF BUSINESS OF COUNTRY OF DEATH BALTIMORE CITY OF COUNTY OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 216 B. ROOG PERSONNES OF COUNTRY HOSPITAL, NURSING HOME OR OTHER INSTITUTION 216 B. ROOG PERSONNES OF COUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION BALTIMORE CITY OF COUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IT ALL STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IT ALL STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OR OTHER INSTITUTION IN MODIL LAST STREET ADDRESS / ZIP CODE WEST DATA IN ACCOUNTRY HOSPITAL NURSING HOME OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO OTHER SIGNAL NURSING HOME OF THE TERMINAL DISEASE OR CONDITION GIVEN HOSPITAL NURSING HOME OF		3. SE			5. DATE OF BIRTH		HDAY) IF UNDER I YEAR	
BRITHPIACE STATE COUNTY OF DEATH STATE OF COUNTY OF DEATH STATE OF COUNTY OF DEATH STATE OF COUNTY OF STATE ADDRESS STATE OF STA			Female	White	Jan. 24, 1896	91		HOURS MIN.
The City or Towns of Death 11. NAME OF HOSPITIA, NUBSINE HOME OR OTHER INSTITUTION 12. ISSUAL OCCUPATION 13. ISSUAL OC	50			76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF		
Baltimore If Not insuce Accepting the control of the south of the control of the control of the south of the control of the control of the south of the control of the cont	55			USA		Baltimore	e County	MD.
The control of the position	到	10 CI		LIF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
The STATE THE COUNTY THE CHITY OR TOWN THE LIMITS THE STREET ADDRESS ZIP CODE ROLL THE STATE ZIP CODE	(3/1/	APST1/				Homema	ker Ow	n Home
I. FATHER'S NAME MODIE LAST IS MOTHER'S MAIDEN NAME FIRST MODIE LAST LAS	35		TATE 13b COU	INTY 13c. CITY OR TOV	VN 134. INSIDE CITY LIMITS?	216 B. Ro	ZIP CODE	ge Rd.
Robert C. Loock (Unknown) 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO. 178 NO COUNTMONNY 187 YES GIVE WAS ORDED AND PART 188 SOCIAL SECURITY NO. 18 CAUSE OF DEATH IENTER only one couse per line for ray 163, and 163. 18 CAUSE OF DEATH IENTER only one couse per line for ray 163, and 163. 19 PART I. DEATH WAS CAUSED DY: 19 MADDIATE CAUSE DY: 10 MADDIATE	in and a	14 FA	THER'S NAME		15. MOTHER'S MAIDEN N	IAME		
SE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 167 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 168 SOCIAL SECURITY NO.	150	P			1		LA	ST
No 218 50 5215 Mrs. Jean F. Crunkleton, Balto Part Death Entre only one couse per line for (o), (b), and (c) Part Death Was Caused BY IMMEDIATE CAUSE (b) Autoroactive to an account of the fever coust also Mrs. Death Mrs. Death Mrs. Death De	icol	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRES	55	
18 CAUSE OF DEATH lenter only one couse per line for to 16 10 10 10 10 10 10 10	Bed				5215 Mrs. Jean	F. Crunkle	eton Balto	O. MD
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COUNTY P.M. 19 21d. INJURY OCCURRED AT WORK COUNTY 21e. PLACE OF INJURY (IN HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STREET CITY OR TOWN CITY OR TOW	s any injury, ar al	FICATION	underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES, WERE FINDI	INGS USED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (1) (thus happened) attended the deceased from sow the deceased alive on obove, (1) (we) (did not) view the body after death. DEGREE 22d. PHYSICIAN'S NAME (1ME or PRINT) 22d. PHYSICIAN'S NAME (1ME or PRINT) 22d. BURIAL, CREMATION, REMOVAL 23d. BURIAL, CREMATION, REMOVAL 23d. BURIAL, CREMATION, REMOVAL 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. DATE 23d. DA	2	Ē	21 ACCIDENT WAS INDEDIVING F	T 21 TIME OF BUILDY	131. HOW INSURVINGE			NO 🗌
22a.1 certify that (1) (thus hospital) attended the deceased from 19 7, and that in (my) (Social pinion death occurred on the date and hour and from the causes structured by (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT			OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	TREED (ENTER NATURE OF INJURY	TIN IILM 18 PART I OR PART 2)	
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138 BOTTAL, CREMATION, REMOVAL 138. DATE 135 NAME OF CEMETERY OF CREMATION			sow the deceased alive a obove, (I) (we) (did n	ot) view the body ofter death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	F IAN	
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_ baitat 2/24/07 Loadoll I aik batto.,			Burial	2/24/87	_oudon Park	Balto.,	ME	STATE

21212

Balto., MD

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

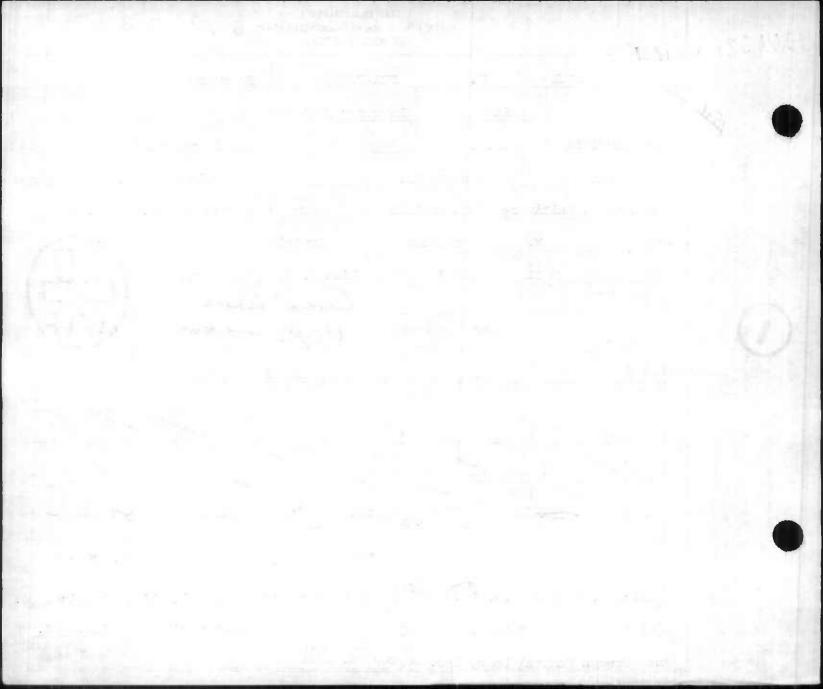
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Oto	81	STATE -REGISTRAR				ICATE OF DEATH	REG. NO.	
		CEASED NAME	FIRST	MIDDLE	Ł	AST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
			AVID	W.	FR	AMPTON	February 8, 198	37
	3, SE)		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR IF UNDER 24
de	M	ale	Whit	e		ruary 20,1925	61 yrs.	DATS HOURS
12	7er B1	RTHPLACE (STATE OR F	OREIGN 76. CITIZEN C	F WHAT COUNTRY?	0	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	F DEATH
25/2		est Virgin	ia U.S	.A.	WIDOWE		Baltimore Count	-v
3. /		Y OR TOWN OF DEA	TH 11. NAME O	F HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINES
a) C	I	utherville		Westbury			(TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor	C.& P.Tele
3	USU/	L RESIDENCE (IF NURSI	ING HOME OR OTHER INSTITUTION	ON GIVE RESIDENCE BEFOR	E ADMISSION)			0.4 1.1616
吃人		aryland	Baltimore	Lutherv		136. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZIP CODE 4 Westbury Rd.	21093
2		THER'S NAME		Dadiezv		15. MOTHER'S MAIDEN NAM		21093
18/	.7	ohn FIRST	M .	Frampt	on	Virginia	MIDDLE	Monoglo
0			IN U.S. ARMED FORCES			17 INFORMANT	ADDRESS	Marsh
edicol	()	ES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	236-32-				17.2
e /						Alice S. Fra	mpton - same as	
		PART I. DEATH W	H (Enter only one couse p AS CAUSED BY:	er line for 101, (b), on	id ici ·	Cadino	ALLOW	BETWEEN ONSET AND
2			IMMEDIATE CAUSE (a)			Carriac	AMES	
90			DUE TO,	OR AS A CONSEOU	ENCE OF	POPY	Hartest + actions.	15-20-9
100		Conditions, if any, gove rise to imm				CV.10.		
1		cause (o), statin	g the DUE TO.	OR AS A CONSEOU	ENCE OF			
0		underlying cause	last (c)					
	7	PART 2 OTHER SIGN	VIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	V IN PART Ita
1	CERTIFICATION						Tee autopoya Inn was	THE SHARM AND ADDRESS.
0	5	190 DATE OF OPERAT	IVA CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	JAY CERTIFY!	WERE FINDINGS USED INC CAUSES OF DEATH
2 000	E				1.5		YES NO YES	□ NO □
2	- w	21a. ACCIDENT WAS UND		OF INJURY A.M. MONTH D	AY YEAR	216. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
5		OR CONTRIBUTING LOT		0.44				
17		(IF EITHER NOTIFY MEDIC		P.M.	19			15 10 10
7		(IF EITHER NOTIFY MEDIC	RED 21e PLAC	E OF INJURY		211. LOCATION STREET	CITY OR TOWN	COUNTY ST
And or her Hall	MEDICAL C	216 INJURY OCCURE WHILE NOT WHE AT WORK	RED 21e PLAC	E OF INJURY STREET, FACTORY OFFICE	FARM, ETC)		CITY OR TOWN	COUNTY ST
on action of the party of the p		216 INJURY OCCURE WHILE NOT WHE AT WORK	RED 21e PLAC	E OF INJURY STREET, FACTORY OFFICE. the deceased from _	FARM, ETC)		CITYOR TOWN	<i>C</i> 4
21 s morked or then 18 sho		(IF EITHER NOTIFY MEDIC 21d INJURY OCCUR WHILE AT WORK AT WO 22a.1 certify that (1) sow the decease	(AT HOME.	E OF INJURY STREET FACTORY OFFICE. the deceased from	FARM, ETC.)	STREET . 19 70	city OR tOWN to	, that (I) (w
hem 21 is increased on them 18 who		(IF EITHER NOTIFY MEDIC 21d INJURY OCCUR WHILE AT WORK AT WO 22a.1 certify that (1) sow the decease	(1415 hospital) attended	E OF INJURY STREET FACTORY OFFICE. the deceased from	FARM, ETC)	STREET . 19 70		that (I) (want of the couses state 22c. DATE SIGNED
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TATE /	MEDICAL	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY HOT (I) 220.1 certify that (I) sow the decease above, (I) (waste 27b. SIGNATURE 27d. PHYSICIAN'S NA Keith A.	21e PLAC (AT HOME. (AT HOME) (AT HOM	the deceased from 11	SE, or	DEGREE ATTENDING PHYSICIAN STREET	mEDICAL STAFF DIRECTOR PHYSICIAN	of that (I) (was and from the couses star 22c. DATE SIGNED 2.9.87
	WEDICAL MEDICAL	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR 220.1 certify that (1) sow the decease above, (1) (weather 22b. SIGNATURE 22d. PHYSICIAN'S NA	21e PLAC (AT HOME. (AT HOME) (AT HOM	the deceased from 11 · C4 19 dy after death	PARM, ETC)	DEGREE ATTENDING PHYSICIAN N	MEDICAL STAFF DIRECTOR PHYSICIAN 234 LOCATION	and from the couses sta 22c. DATE SIGNED 2.9.87

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204



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ND 213	24 hou	filled in ovid be	13	13a S		HOME OR OTHER INSTITUTE COUNTY BALTTIMORE	130. CITY OR TOW BALTIMOF	N	13d. INSIDE CITY LIMITS?	13e STREET AD	OWLER	P CODE AVENU	E 2	L236
MARYLA	e di la	Policial de la constanta de la	Ro	14 F/	THER'S NAME FIRST LOUIS	MIDDLE	ZELEN	Z	15 MOTHER'S MAIDEN NA. FRANCES		WIDDIE		NO	ŻAK .
IMORE.	1	Popm L	medical		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	U.S. ARMED FORCES FYES GIVE WAR OR DATES			JAMES FRANC	(SON) 5	ADDRESS 148 T	ERRACE	DR.	21236
ST. BALT		on property	event, the		18 CAUSE OF DEATH II PART I. DEATH WAS	Enter anly one cause CAUSED BY MEDIATE CAUSE (a)	per line for (a), (b), and	o He	al Janlan		901		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
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31 W. PR	that the	a by the sole rem ol, cremo	r other		gove rise to immed cause (a), stating underlying cause	the DUE TO	, OR AS A CONSEQUE	NCE OF	level Sonny	fine			0	
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II RECO	he law on	hos been pride	Aug Company	CERTIFICATION	190 DATE OF OPERATIO	N 196. COI	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP		Ob. IF YES, WI O CERTIFYING YES	G CAUSES	
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es.	4 5	W 2 %	E		27h CICNIATURE	tare the line po	dy offer death.	-	DECREE				22. DATE	SIGNED

DHMH - 16 60M 7/84

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ORTANT I

(VRA 15, 4)

ISPECIFY) BURIAL 74 FUNERAL DIRECTOR SCHIMUNEK FUNERAL HOME, ING. 9705 Belair Rd Balto. Md. 21236

236. DATE

3/3/87

230 BURIAL, CREMATION, REMOVAL

23d LOCATION BALTIMORE BOHEMIAN NATIONAL MAR 03 1987 Per Maridan Render

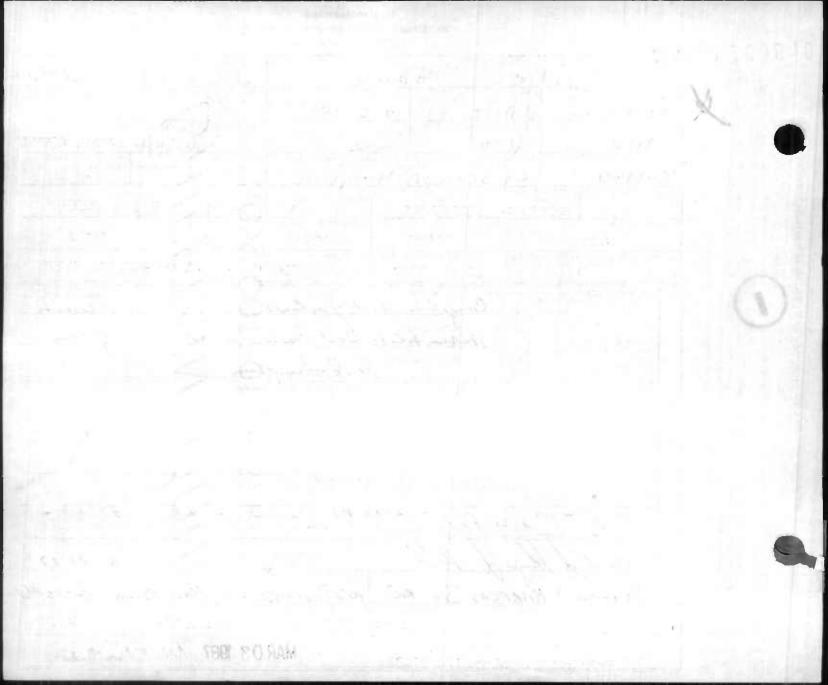
COUNTY

MD STATE

MEDICAL STAFF
DIRECTOR PHYSICIAN

PHYSICIAN (

22e ADDRESS



FOR	DEPARTMENT OF HEALTH			
STATE REGISTRAR	CERTIFICATE			

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE S
CERTIFICATE OF DEATH

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	CERTIFICATE	DENIII	REG. NO.		
MIDDLE	LAST	20. D#	ATE OF DEATH MONTH	DAY YEAR	2h HOUR
Taylor	FRANCI	5	+ Photom	3.87	317Pm
4. RACE	5. DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
caucasian	MONTH DAT	YEAR SY	VPS		HOURS MIN.
76. CITIZEN OF WHAT COUN	TRY? 8	P BAL		Y OF DEATH	
United States		ER MARKED _	altimore Coun	tv	MD.
	JRSING HOME OR OTHER I	NSTITUTION 12a U	SUAL OCCUPATION	12b. KIND OF	F BUSINESS OR
				none	2
E OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)			c	
					0874
under 147		ER'S MAIDEN NAME			
Fran	cis	Julie	WIDDLE	Hern	
	SECURITY NO. 17. INFOR	MANT	ADDRESS		
none	Wils	son Francis-	father- see	#13	
r anly one cause per line for (a), (b	or, and ich	. 1	4	BETWEEN	MATE INTERVAL
100	tal Intest	inal Necri	osls	70	ays
	FOUENCE OF . 1	1	1. 00.1.	1	4
(b)	Necr	otizing En	iterocolitis	100	ays
DUE TO, OR AS A CONS	EQUENCE OF	1 1/./		10/	0
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T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE OR CONDITION GI	VEN IN PART 110	
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1% CONDITION FOR W	HICH OPERATION WAS REI	REORMED 200			
Sowel	. O DSTructi				NO 🗌
		/ INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
AINER) P.M.	19				
21e PLACE OF INJURY			CITY OR TOWN	COUNTY	STATE
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not yet the bad offer death.		my) (our) apinion death o	occurred on the date and ha		
MC 1	DEGREE	ATTENDING MET	DICAL STAFF	7 DAIG	I O
1 Deline	M	PHYSICIAN DIRE		1746	DOT
YPE OR PRINT	ne Apo	RESS L A	1. 1. 11/20	:LIR	11- 1
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1 1		The second second	STITLE SOWN	COLMET	State
	Metropolitan	Crematory	CONTRACTOR OF THE PARTY OF THE		Virgini
inc. 300 West	Sameral Home	250 DATE REC'I	D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATI	URE
lle, Maryland		LER	9 198/ Julia	Donden	Parditt
	Taylor 4. RACE caucasian 7b. CITIZEN OF WHAT COUN United States 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE SI University of ECOROTHER INSTITUTION GIVE RESIDENCE DUNTY IS. CITY OR ET GOMEY GETMAN ARMED FORCES? 16b SOCIAL NONE TO AND OF AS A CONS (b) DUE TO, OR AS A CONS (c) NT CONDITIONS CONTRIBUTING (c) TO CONDITIONS CONTRIBUTING TO CONTRIBUTION	Taylor 4. RACE S. DATE OF BIRTH Caucasian 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVE United States WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN (IF NOT BY SUCH FACILITY, GIVE STREET ADDRESS) University of Maryland Ba E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSID CONDITY GETMANTOWN 13d INSID CONDITY GETMANTOWN 13d INSID CONDITION GIVE RESIDENCE BEFORE ADMISSION CONDITION GIVE RESIDENCE BEFORE ADMISSION CAST TANK TANK TANK CAST TANK	Taylor 4. RACE Caucasian 7b. CITIZEN OF WHAT COUNTRY? Winder States Windowed Never Married Never Married Parried Parried Never Married Parried Parried Never Married Parried Parried	Taylor Taylor	Taylor Taylor

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTOR should be detached for with the State Dept man IMPORTANT: If them 2

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STATE OF MARYLAND								
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
	CERTIFICATE OF DEATH							

RTMENT OF HEALTH AND MENTAL HYGIENE 8	7	0	3	1	U	di
CERTIFICATE OF DEATH	REG. NO.					

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9	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	L. IDDLE		LA	5.1	
200		JOSEP	Ή		FI	REEMAIN	₩XXX DO	RA		SI	ACHS	
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SE 213-18	CURITY NO.	17 INFORMANT	ADDR	EAPT.	ГЗ (212	215)	
ns.	- (1	ES. NOTAR DIKKNOWN)	(IF TES, GIV	E WAR ON DATES!	213-18	3-0421	MRS. FRANCE	S FREEMAN	5952 M	LBROOM	(PAR	K DR
		PART I DEATH W Canditians, if ony, gave rise to imm cause (a), stotin underlying cause	/AS CAUSE IMMEDIAT , which mediate ng the	Ď BY: E CAUSE (a) DUE TO, O	P AS A CONSEC	QUENCE OF	CARDIAC RY ARTERY		3	BETWEEN	MATE INTERVONSEI AND I	SÉAIH.
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		270.1 certify that (1) (this hospital) attended the deceased from									and the last of	
		226. SIGNATURE	ahas	n Son	ein	m-D	the state of the s	MEDICAL STA		22c DATE 2/	20 /	87
		22d. PHYSICIAN'S NA ABRA	AME (TYPE O	1 FEN	ECIN	m.g.	27e ADDRESS 6/1	PARK	AVE	0 21	201	
		URIAL, CREMATION,	REMOVAL	236. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	51	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

SOL LEVINSON & BROS., INC.

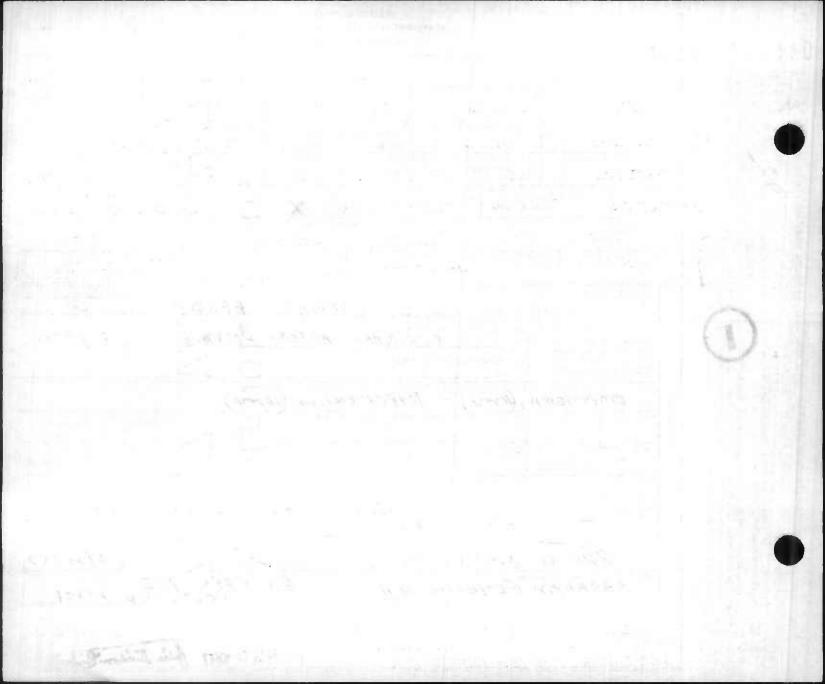
SOL DESCRIPTION OF BROS. STOWN DD RALTO MD 21215

STOWN DD RALTO MD 21215 BURIAL 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO, MD 21215

BALTIMORE MARYLAND

BY REGISTRAR TO RECISE TRAR'S SIGNATURE

1987 Julia Dendaria



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7 G A FER LI	17	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	HENE 8 7 0	3 / 0 3
0 4 150 11	01	REGISTRAR Edwar		CELITY COTTON	REG. NO.	T. Section Albert
3 35 41		CEASED NAME FIRST FOR FRIENDS	rd. J.	Friebele.	20 DATE OF DEATH MONTH DAY	87 1245 AM
901	3. SE)		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
3 95 /		male.	Caucasian	09 28 05	81 YRS	THE DATE HOURS MIN.
1169	7a. Bli	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	Baltimere Cou	
197		ty or town of DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Summit Nursi	ADDRESS) ADDRESS) ADDRESS) ADDRESS		126 KIND OF BUSINESS OR INDUSTRY Sperry Co.
22 hours	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN Bal	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 711 Maiden Cho	21220
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ed by the at pleose removeriol, crematic , ar other trou		gove rise to immediate cause (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF DEATH BUT NOT RELATED TO THE TERM	NAAL DISEASE OF CONDITION CIVEN	IN DAPI 1:
equire Then to bu	NO		l Ceberal Vascu		Kenal Failure	IN FART TIG
on. hos bee t permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
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G PHYS offending er this c s the bur and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
at IENDIN ospitol or ECTOR Affortuse of d for use of t of Heolth		220.1 certify that (1) (this haspit saw the deceased alive an obove, (1) (we) (did) (did not	relation the deceased from 1907 19		deoth occurred on the date and hour ar	
by the hor by the hor by the hor be detoche Stote Dep		226 SIGMATURE	E Rome		MEDICAL STAFF DIRECTOR PHYSICIAN	Feb. 9, 1987
o Hospital		James E. Rowe	, M. D.		vealth Ave balto.	Nd. 21228
	23a B	Cremation, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	OUNTY STATE
BP	24 FU	JNERAL DIRECTOR	Baltimore	ecurity Process	Catonsville, E REC'D. BY REGISTRAR 256. REGISTRA	P'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME	etv of Maryla	D DIED	8,8 50	adam Pandash

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death restlicate be executed within 24 hours after death. Page 4 may be the second of the seco
retained by the hospital or attending physician.
10 FUNERAL DIRECTOR, After this certificate has been signed by the intringing any ion and completely filled in by the funeral director, page 3.3 should be detached for use as the burial-transit permit. Then please in the property of the filed within 72 hours often death
with the State Dept. of Heolih and Mental Hygiene prior to burial, criming in a company
IMPORTANT. If them 21 is marked or them 28 shows any injury, or other traum the medical examiner must be nothered aconce.

- DE	GEASED NAME	FIRS1	MID	DLE	1.	AST	REG. N		DAY YEAR	26 HOUR
	Jo	an	C.		Fron	ıc	2-8-1987		20.00	6 A.N
3 SE	X	4 R	RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY}	IF UNDER I YEAR	IF UNDER 24 H
	Female		White	and because	6-1	1-1920	66	YRS.		
BI	IRTHPLACE (STATE OR I			HAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Md.		U.S.A.		WIDOWE	X DIVORCED	Balto. C			
	Balto.		247 Bra	andon Rd	ADDRESS)	DR OTHER INSTITUTION	TYPE OF WORK FOR MOST Ret. Sales	OF WORKING LIF	E) INDUSTRY	Store
USU, 13a. S	AL RESIDENCE (IF NURS	136 COUNTY		VE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
	Md.	Balto		Balto.		YES NO X	247 Brane			2
4 FA	ATHER'S NAME	MIDD	DLE	LAST		15 MOTHER'S MAIDEN NA	AME		LAS	51
	William			thorne		Margaret		-Ber	me-bt-	Badders
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED	AR OR DATES)	SOCIAL SECUI		17 INFORMANT	ADDR			
	No			104-03-9	1658	Virginia M.	Mavris, 22	19 Will		MATE INTERVAL
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ICATION	Conditions, if any gave rise to improve to improve underlying couse	, which mediate ag the last.	DUE TO, OR A DUE TO, OR A (c) ADITIONS CON	AS A CONSEQUE	NCE OF NCE OF	NOT RELATED TO THE TERM	*	DITION GIV	VEN IN PART 1	NGS USED
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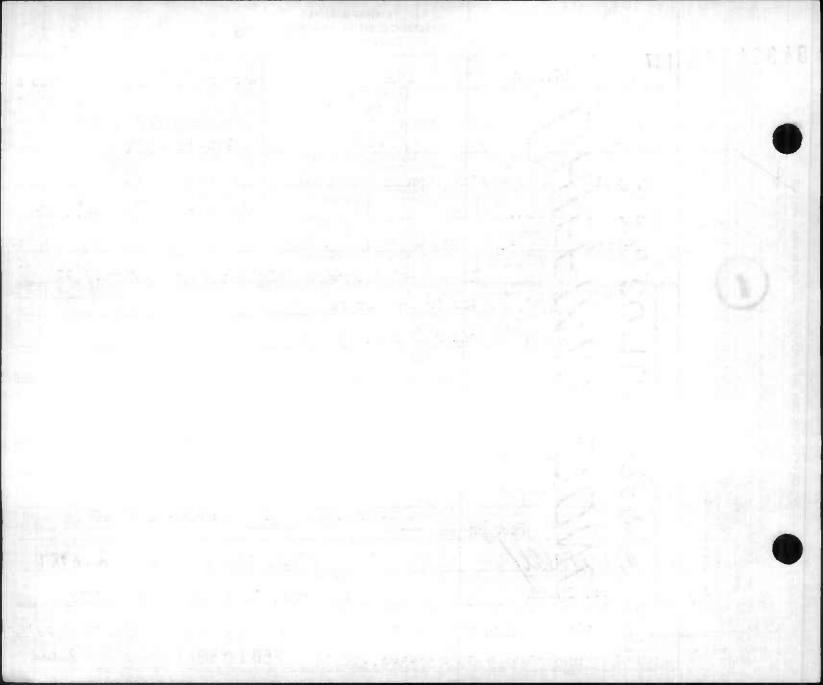
1.13 alternative reference that is make a few THE ROLL OF STREET and the contract of the contra

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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DEC N					

REGISTRAR		CENTIL	ICATE OF DEATH	REG. NO).		
DECLASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YE AR	2b HOUR
Li	llian	GALE		February 6,	1987		4:05 N
SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	DAYS	HOURS MIN.
Female	White	Jün	è 2 1911 EAR	75	YRS	UAIS	MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO		D DEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DE	ATH	
Maryland	USA	WIDOW		Baltimore	County		M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF	BUSINESS OF
Rossville	Franklin	Square	Hospital	Housewif	e.		
SUAL RESIDENCE (IF NURSING HON		NCE BÉFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
Md. Ba	alto. Ess	sex	YES NO **	606 New 3		Ave.	21221
FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
George	MIDDLE C	Lark	unknown	WIDDIE		LAST	
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
and the second s	G. GIVE WAR OR DATES)	-14-9046	Joseph Gal	0 606Now.To	rcenyn	0 21	221
no			Tooseph Gar	e ouomewoe			NATE INTERVAL
PART I. DEATH WAS CA	r only one couse per line for to	iratory A	wwac+		-	BETWEEN O	NSET AND DEATH
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	DUE TO, OR AS A CO		NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART Ira	
190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196. CONDITION FO	R WHICH OPERATIC	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE		
	0.00			YES NO X	IN CERTIFYING (CAUSES	OF DEATH?
OR CONTRIBUTING CALISE OF		NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)	
(IF EITHER NOTIFY MEDICAL EXAM		19					
(IF EITHER NOTIFY MEDICAL EXAM	218 PLACE OF INJUR		21f LOCATION STREET	CITY OR TOV	vn co	YINUC	STATE
AT WORK AT WORK							
	aspital) attended the decease		J	7. 10 Februar	·y 6- 19-	0,	nat (I) (we) las
abave, (1) (we) (did) (di	nat view he body ally des	19_0/, o	nd that in (my) (aur) apinian	death accurred on the da	te and haur and I	rom the c	auses stated
276 SIGNATURE	000/		DEGREE			C. DATE S	IGNED
MUMIN	VIII		ATTENDING PHYSICIAN	MEDICAL STAF	IAN (20	2.6	5.87
774 PHYSICIAN S NAME (1	PE OR HANTI		22e ADDRESS				
Dr. Sam	man		9000 Frank	lin Square D	rive	2123	7
a. BURIAL, CREMATION, REMO	VAL T236 DATE	23c, NAME OF C	EMETERY OR CREMATORY	23d LOCATION			1
(SPECIFY) Burial	2/9/87		HeartofJesu	CITY OR TOWN	Baltim	Oro	Marti
FUNERAL DIRECTOR	2/3/01	pacted		E REC'D. BY REGISTRAR			
- mand		ADDRESS	C		Adia Deo		
ConnellyFune	ralhome 300	MaceAve.	21221	TO T O 1201	Chicara 4340	.067	Lucare

DHMH - 16 60M 7/84 (VRA 15, 4)



18 FF8	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 /	0 3	105
by the furnish director, page 3	2 S6	RTHPLACE IS THE STRONG OF TOWN OF DEATH TOUS ON TOWN OF DEATH	b. CITIZEN OF V	H. S. DATE C. MONTH YHAT COUNTRY? B. MARRIEL WIDOWE OSPITAL, NURSING HOLESS) OSPITAL, SURSING HOLESS)	DAY VEAR DO DO DO DEVER MARRIED DO DIVORCED D	9 BALTIMORE CITY C Balto. 170 USUAL OCCUPAT (TYPE OF WORK FOR MOST C HOMEMAKE	MONTH DAY 2- 9- THDAY) IF U YRS. OR COUNTY OF ON SE WORKING LIFE)	
135	130 S	THER'S NAME	imore		13d. INSIDE CITY LIMITS? YES A NO [] 15. MOTHER'S MAIDEN N. FIRST Anna	13e.STREET ADDRESS 1823 VIS		e 21093 Schaefer
con and co		No	WAR OR DATES)	166 SOCIAL SECURITY NO. 212-50-4465	2 /	Gerstmyer		d. 21093 Vista Lan
d by the attending physical core temove coulding physical, crematian, in remove or ather traumatic event.		18. CAUSE OF DEATH (Enter any PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR	AS A CONSEQUENCE OF	ROVASC ACCIDEN			OETWEEN UNSET AND DEATH
Nes been signe r permit. Their pi me prior to bur en) any injury, a	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO		NTRIBUTING TO DEATH BUT		MINAL DISEASE OR CON 200 AUTOPSY? YES NO X	20b. IF YES, W	ERE FINDINGS USED IG CAUSES OF DEATH?
er the certificate the basis frams and Mental Hyg Med or then 18 sh	MEDICAL CER	710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.A.	A. MONTH DAY YEAR	711. LOCATION STREET	RRED (ENTER NATURE OF INJU		ORPART 2) COUNTY STATE
DIRECTOR, An achied for use in Dept. of Health if New 21 is more	1	12a.1 certify that () (this hospit sow the deceased allowing above (it less) (did to Smot 27b. 5 JSNATURE	Strenged the	after death, 19, or	, 19	. to a death accurred an the d	ate and hour on	that (I) (we) losed from the couses stated

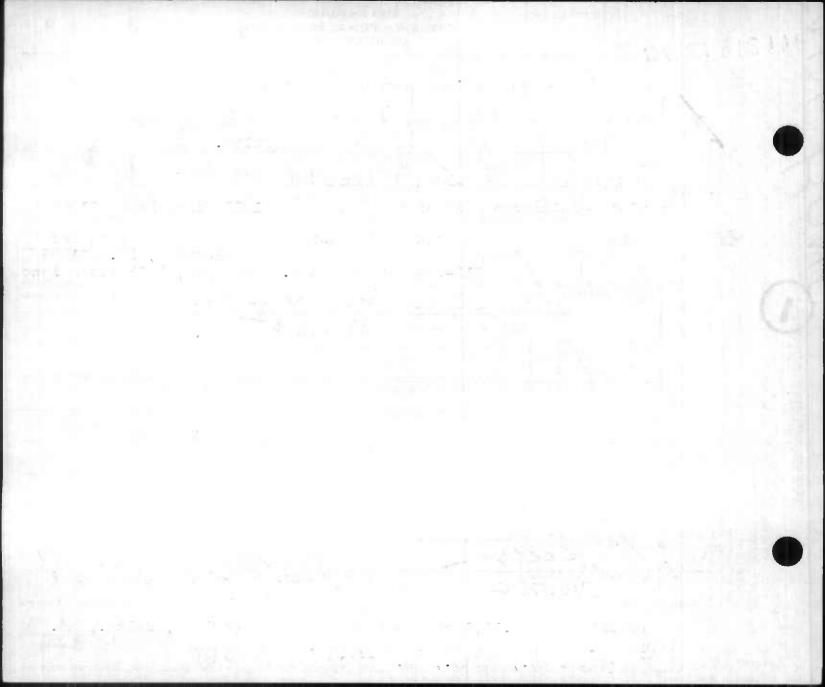
DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial Feb.11,1987 ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

230 NAME OF CEMETERY OR CREMATORY Woodlawn

Md .

AATORY 23d LOCATION CITY OF TOWN WOOdlawn, Balto., M. 250. DATE REC'D. BY REGISTRAR 75b. REGISTRAR'S SIGNATURE FEB 13 1987



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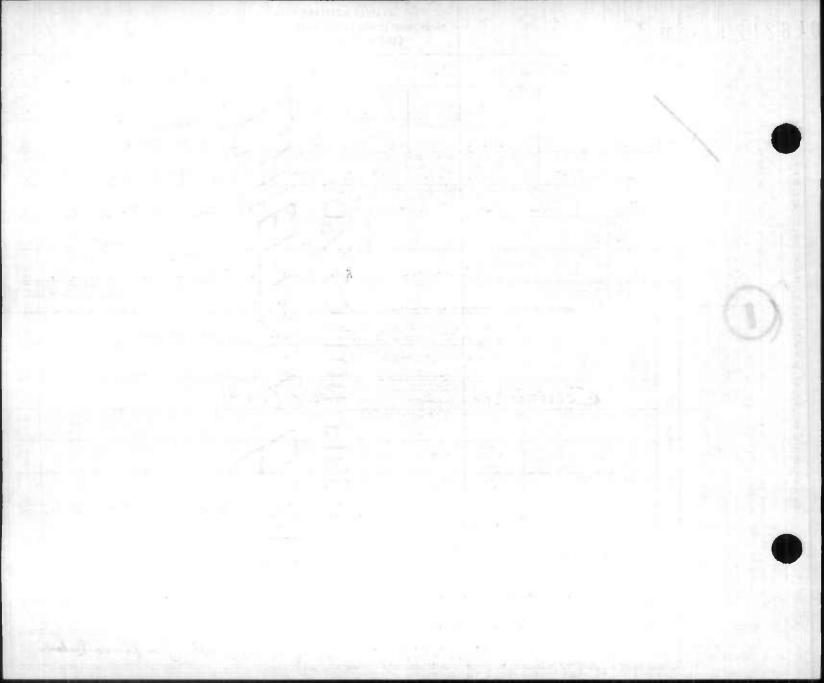
-9	07-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 /	0 /
			EDWARD	A.		SINSBERG	FEBRUARY 26		26 HOUR 12:48 M
	3. SE:	MALE		ASIAN	5. DATE C	. 1, 1902 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS YRS	IF UNDER 24 HRS
6	MA	RTHPLACE (STATE OR FORE COUNTRY) RYLAND	U.S.		MARRIEI WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OR CO		MD.
5		RANDALLSTO	WN BALT	O. COUNT	Y GENE	RAL HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK METER REPA	KING LIFE INDUSTRY	OF BUSINESS OR
5	M	AL RESIDENCE (IF NURSING STATE 13 IARYLAND	BALT IMORE		RE ADMISSIONI VN IMORE	13d. INSIDE CITY LIMITS? YES \(\text{NO } \text{X}\text{X}	13e STREET ADDRESS / ZIP 3516 LANGREHI		07
0	14 FA	LOUIS	MIDDLE	GINSBE	RG	15. MOTHER'S MAIDEN NAI FIRST SARAH	MIDDLE	GINS	BERG
1	16a V	VAS DECEASED EVER IN YES NO OF UNKNOWN) (U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	212-05-		MRS. LESLIE	APTS 4 M. FRAM 6810 1	PARK HTS.	AVE.
		18 CAUSE OF DEATH I PART I. DEATH WAS	Enter only one cause per CAUSED BY: MEDIATE CAUSE (a)			Heart F	ailure		(MATE INTERVAL ONSET AND DEATH
	NO	underlying couse	liate the lost. DUE TO, O	r as a conseou	JENCE OF		TINAL DISEASE OR CONDITION		0,
9	CERTIFICATION	196 DATE OF OPERATIO	N 196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		IF YES, WERE FINDS CERTIFYING CAUSE YES [
7		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOUR A.	FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	M 18 PART : OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE,		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (the sow the deceased obave, (I) (Ye) (did	olive on Feb.	e deceased from 198	Sep.		to <u>Feb. 26</u> , death occurred on the date on		that (1) (we) last couses stated
		22b. SIGNATURE	e Hon	Dey	mo	DEGREE ATTENDING PHYSICIAN	AAEDICAL STAFF DIRECTOR PHYSICIAN [SIGNED
1			Ginsberg,	M. D.			Liberty Plaza allstown, Md.		
	В	burial, cremation, red URIAL	MOVAL 236. DATE FEB. 2		NAME OF C		23d LOCATION CITY OF TOWN BALTIMORE		RYLAND
34		O10 RETSTERS	SOL LEVINSO			250 DAT	R 05 1987	EGISTRAR'S SIGNA	INRE COMMENT

BALTO, MD 21215

DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD.

BP.



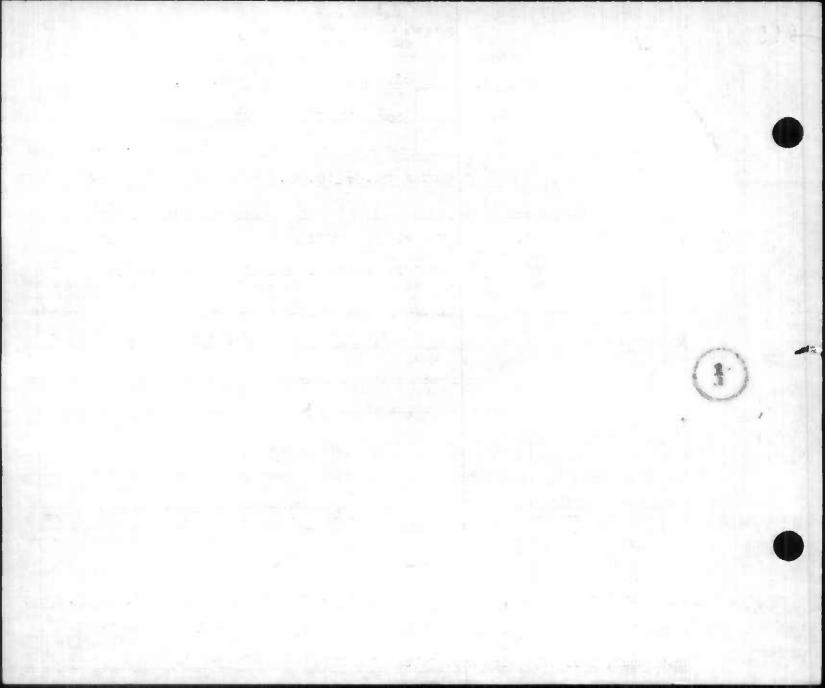
TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

DEP

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	7	0	3	1	U	
		REG. I	NO				
LAST	70 DATE	OF DEATH	MONTH	DAY	YEAR	25 HZ	TIP

Topic The Company The North The No
Male ARACE S. DATE OF BIRTH BAY TEAR BAGE INVERS. LAST BRITHOAT) BUILDED TEAR BUILDED
Male White Nov 11 1939 47 YEAR 4 AGE INTERESTANDED TO THE RESTRICTION OF BUSINESS AND THE PROPERTY OF COUNTY OF DEATH TO COUNTY? BERTHPLACE (STATE ORTORISCH) 10 COUNTY OF DEATH TO COUNTY? BERTHPLACE (STATE ORTORISCH) 10 COUNTY OF DEATH TO COUNTY? BERTHPLACE (STATE ORTORISCH) 10 COUNTY OF DEATH TO COUNTY? BERTHPLACE (STATE ORTORISCH) 10 COUNTY OF DEATH TO COUNTY? BERTHPLACE (STATE ORTORISCH) 10 COUNTY OF DEATH TO COUNTY OF D
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The BIRTHPLACE STATE OR FOREIGN The CHIZEN OF WHAT COUNTRY The MARRIED NEVER MARRIED THE STATE OF TOWN OF DEATH U.S.A. WIDOWED DIVORCED BALTIMOTE CITY OR COUNTRY OF DEATH BALTIMOTE CO. MID.
Maryland USA WIDOWED DNORCED Baltimore CO.Md.
THE CITY OR TOWN OF DEATH DUNDALK 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF YOU IN SUCH ACCUMI, ONE STREET ADDRESS NO. STREET ADDRESS NO. STREET ADDRESS NO. STREET ADDRESS / ZIP CODE MASSEMBLEY 136. COUNTY 136. CITY OR TOWN 136. CITY OR TOWN 137. INSIDE CITY LIMITS? 138. STATE 139. STATE 139. STATE 139. COUNTY 130. STATE 139. COUNTY 130. CITY OR TOWN 130. STATE 130. COUNTY 130. STATE 130
STATE 136 COUNTY 136 CITY OR TOWN 136 LINSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 21222
136 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 21222 136 MARYLAND 21222 21222 14 FATHER'S NAME Ellwood 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 175 NOOR UNKNOWN) (IF YES GIVE WAR DIE DATE OF DATE O
NATURATION Battimore Dundalk 15 MOTHER'S MAIDEN NAME Ellwoods 15 MOTHER'S MAIDEN NAME Ellwoods 15 MOTHER'S MAIDEN NAME Lycett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same as 13e 18 CAUSE OF DEATH IENter only one cause per line for 10 16 and 10 part During 18 CAUSE OF DEATH IEnter only one cause per line for 10 16 and 10 part 160 was Deceased in a stating the underlying cause lost Due to, or as a consequence of 180 Date of operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEATH 160 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEATH 160 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEATH 160 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 THE NATURE OF INJURY INVITEM IS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART 10 DATE OF ONLINE IN THE MISS PART TOR PART
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OR CONTRIBUTION CONTRIBUTION OF DELITINE HOUR A.M. MONTH DAT TEAR
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF EITHER NOTHY MEDICAL EXAMINER) P.M. 19 716 INJURY OCCURRED 71e PLACE OF INJURY 711 LOCATION
716 INJURY OCCURRED 716 PLACE OF INJURY 711 LOCATION
(AT MOME STREET FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY
AT WORK AT WORK
270 I certify that (I) (this based of the deceased from 9-23, 1966, to 2-19, 1987, that (I)
AT WORK AT WORK
270 I certify that (I) (this body oftended the deceased from 9 - 2 3, 19 6 6, to 9 - 19 5, that (I) the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and that (Improved opinion death occurred an the date and hour and from the couses of the deceased from 19 5 6, and the deceased from 19 5 6
270 I certify that (I) (this property of the deceased from 19 10 and that (I) 19 10 and that (I) 19 10 and that (II) 19 10 and that (III) 19 10 and that (II
270 certify that (I) (the second of the decased from th
270 certify that (I) (this product of the deceased from the dece

DHMH - 16 60M 7/84 (VRA 15, 4)

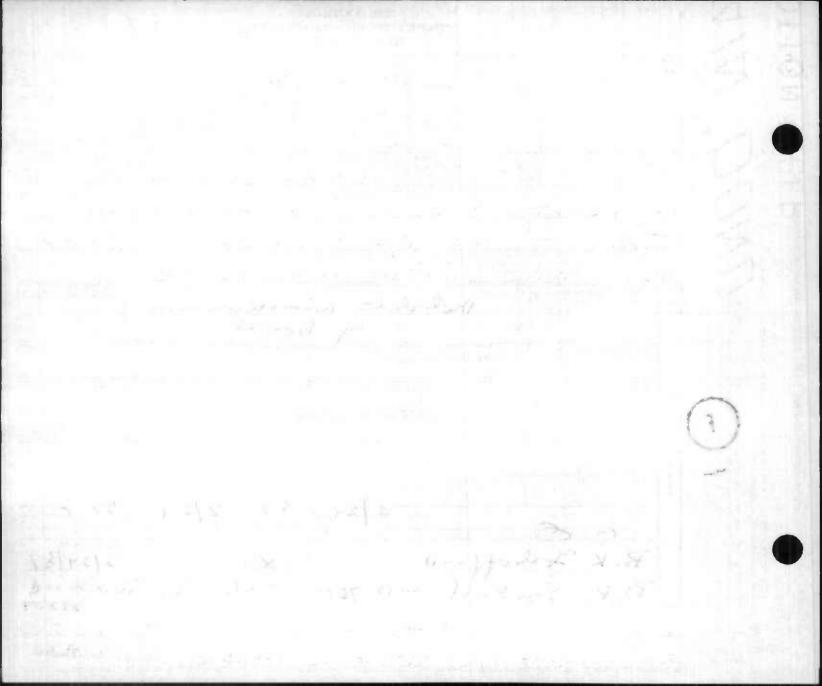


FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
91	EFR 27		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be	the co	Ole	John!	T	GLACCUM, VR	. 2	24 87 3:10 4
тау	after d	3 SE	(4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
ge 4	rs of	1	MALE	white	4 09 19/9	67 YRS	MONTHS DAYS HOURS MIN.
P - P	hou		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
eoth nero	n 72		NJ	USA	WIDOWED DIVORCED	RALTIMORE	County MD.
er d	within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
s of	D D X	7	owson	ST. Josep	h HOSPITAL	SALLS REP.	MELS MAN
hau.		13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP CO	DE 21030
in 24 y fille	shout.	1	ARYLAND BAX	Timore Locksys	SVILL YES NO NO	6 BESHIVE	PLACE
5 0	2 2	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
ompl	(C)		T MOI	: GLACCU	mSR SLIZA	KT2B	SMITH
o puo	Pages	0		MED FORCES? 166 SOCIAL SEC	1000	ADDRESS	
o co	vi e	7	55 W.	DIT 15605	9320 - AMIL	1 KELOROS	
cote	ovol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly one couse per line for (a), (b), ai	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertifi g pl	rem		IMMEDIA	E CAUSE (a)	veite also	econemi	
o the	nove carb otion, or traumotic			DUE TO, OR AS A CONSEQU	JENCE OF SE DO	wel.	C
dec offe	ofior		Conditions, if ony, which gove rise to immediate	(b)	4		
the the	e e		couse (o), stoting the	DUE TO, OR AS A CONSEOL	ENCE OF		
thot d by	leose iol, cr ar ath		underlying couse lost	(Ic)			
gne	buriol buriol ry, ar	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	SIVEN IN PART 10
red r	1	0					
30	169	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED PATHY
The cion.	LU	RTE		1 - 1 - 5 - 1 -		YES NO	YES NO
hysic	11 20		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LIQUID A LA MONITH O	AY YEAR 21t. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2)
SICL 19 p	em lol-i	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
PHY endir	d A d	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
of the Fier	alth ond M	>	AT WORK NOT WHILE AT WORK	, and a second s			
A S	lealt s m		22a.l certify that (1) (this hospi	tall attended the deceased from.	2 24 19	1. to 2/24	, 19, tho (I) we) lost
pire CTO	of for		sow the deceased alive of above (IKOve) (did Idid no	view the body after death	, and that in (my) (our) opinior	deoth occurred on the date and h	iour and from the causes stated
ho ho	ched Sept.		226. SIGNATURE		DEGREE		22c. DATE SIGNED
AL O AL D	5 U ±		B. K. 20	On Hook	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/24/87
SPIT.	be det		226 PHYSICIAN'S NAME (THE	PRPRINT)	??e ADDRESS	- 1 0	
etoined TO FUN	should b		D.K. Y	orkold.	mn 7600 (Doler Dr.	(००००० । भर ते
5 g 5	# 3 \$ ***		URIAL, CREMATION, REMOVAL	236 DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
BP		R	URIAL	12-27-1987 1	HOLY MAME CEM	JERSEY CIT	-4 DSW JERSY
DHAME 1	6 60M 7/84	24 FI	INERAL DIRECTOR		250 DA	TE REC'D. BY REGISTRAR 256 REG	
	15, 4)	5	1 0 1	OF CHIMES 23	25 YORK ROAD F	EB 2 6 1987 Au	he Dividen Radaes
					7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7		



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

15/7	2	1113 -	FOR STATE REGISTRAR
+ :	ge 3 eoth		1 DECEASED NAM (TYPE OR PRINT)
ge 4 moy	ector, pogi		3. SEX Male
Geoth. Poge	in 2 hours of	35	Marylan
10 M	by the fu	36	10. CITY OR TOWN

nding physicion and corbon popers. Pages

STATE OF MARYLAND DEPAR

STATE OF MARKITAND			0.000	
RTMENT OF HEALTH AND MENTAL HYGIENE 😭	7	0	3	
CERTIFICATE OF DEATH	-	41		
CERTIFICATE OF DEATH	REG. NO			

who Divideon Rondows

		EASED NAME	FIRST	K.	MIDDLE		TRUM		20. DATE OF DE A			AY YEAR	26 HOUR
		TDY	A TTA	W.		GOIN	TKOM			02	28	87	8:30 p _M
1	3. SEX		4.	RACE		5. DATE O		WEAD	6. AGE (IN YEARS L	AST BIRTHDA		IF UNDER 1 YEAR	
		Male		White	0,	03	03	1892	94		YRS		
-	To BIR	CHPLACE (STATE OR F	OREIGN 76		WHAT COUNTRY?	8 AAADDIE	DE NEVER	MARRIED T	9. BALTIMORE C	ITY OR C	OUNTY	OF DEATH	
	M	aryland		U.S.	Α.	WIDOW		VORCED	BALTIM	IORE	COUN	TXY	MD.
1		TOWS ON			OSPITAL, NURSIN HEACHITY GIVE STREET BALT IMOR				120 USUAL OCCU	MOST OF WO		INDUSTRY	of Business OR
-	130 S	L RESIDENCE (IF NURS TATE ryland	136 COUNT	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW TOWSON		13d INSIDE C	ITY LIMITS?	13e.STREET ADDR			Road	21204
4	-	THER'S NAME	Darci	THOTE	10%3011			S MAIDEN NA		Ou cir	CI LY	riodd	21201
1		John		DDIE	Gont	riim		FIRST	AND.	DDIE		Bi	ddson
	16n W	AS DECEASED EVER			166 SOCIAL SECU		17 INFORMA	un.		ADDRESS			auson
	(4)	ES, NO OR UNKNOWN)		WAR OR DATES)	219-36-2				Gontrum,	Sam	e As	#13e	
i		18 CAUSE OF DEAT	H (Enter only						100			APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH W	IMMEDIATE		CARDIORE	SPIRA	TORY AF	REST					
3				DUE TO, OI	RAS A CONSEQUE	NCE OF							
4		Conditions, if ony,	which	(d)	CAD								
9		gove rise to imm couse (a), statin underlying couse	g the	1	R AS A CONSEQUE	NCE OF							
No. 15.	7	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO			NOT RELATE	TO THE TERM	AINAL DISEASE OR	CONDITI	ON GIVE	N IN PART 1	10
	2				PNUEMONI								
1	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	YES NO	_ IN			S OF DEATH?
	E E	210. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE C	OF INJURY IN	ITEM 18 PA	RT 1 OR PART 2)	
	AL	OR CONTRIBUTING C		P.		19							
9	WEDICAL	21d INJURY OCCURE	RED 9	21e. PLACE	OF INJURY		211 LOCATI		CITY	Y OR TOWN		COUNTY	STATE
	\$	WHILE NOT WH	RK -	(AI HOME SIK	EET, FACTORY, OFFICE, F	ARM, ETC.)	Since		-	0			31812
		22a L certify that (1) saw the decease above, (1) (we) (e	(fills hospito	Feb. 2	e deceased from_	Feb.		19 87	to Feb.	28 the date of	ond hour	ond from the	, that (II Ke) last e couses stated
		22b. SIGNATURE / /	HO UNGTHOP	ew the body	offer death.		DEGREE					22c DAT	E SIGNED.
		1.1	ten.					ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF HYSICIAN	100/	2	128/87
		22d PHYSICIAN'S		INI			22e ADDRE						
		YIK PO	ONAL				GBMC 6	701 N.	CHARLES	ST.,	rows	on, MI	21204
	230 B	URIAL, CREMATION,	REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			COUNTY	STATE
	13	Cremation		3-2-87	W	estvi	ew Crem		Balti	more	, Ma	ryland	1
	24 FU	NERAL DIRECTOR			ADDRES.	1050	York Ro	250. DAT	E REC'D BY REGIS	TRAR 25b.	REGISTR	RAR'S SIGNA	TURE
	Ru	ck Towson	Funera	al Home			MA C	2011	AR 04 19	3/	Julia	Schoon	m. Renders

DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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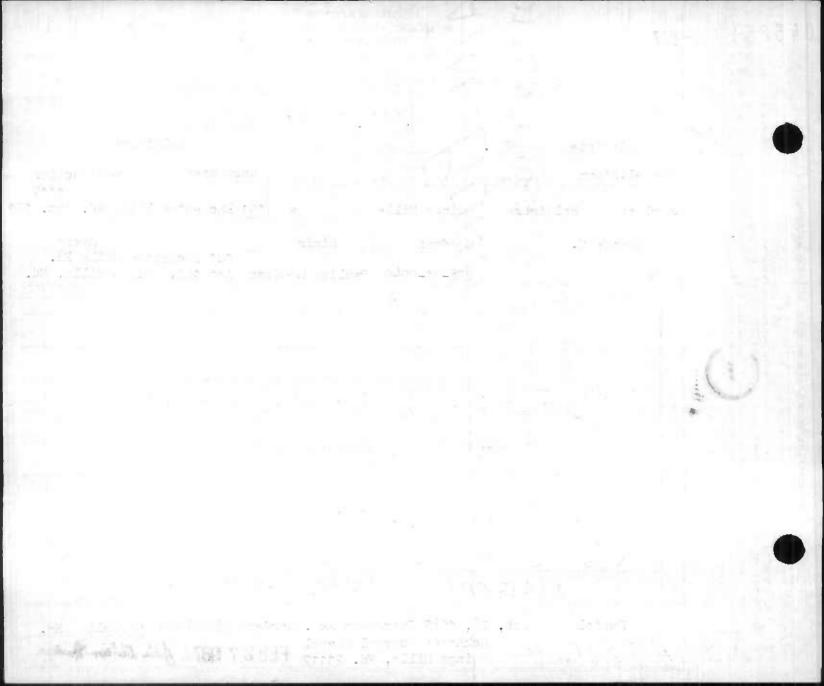
TO FUNERAL DIRECTOR, After this certificate has been in should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If them 21 is morked or them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

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651 1148-	218	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 7 C	3 /	1 1
	1. DE	CEASED NAME FIRST	N	AIDDLE	l.	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
noy be poge 3	[TYP	Edward Edward	R	1F45 60	odm	an	Feb. 25	1987	2017 M
р од	3. SE		4 RACE	- 9	5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Page 4 mc director. p hours after		Male	whit	e	MONTH	L. 12, 1914		MONTHS DAYS	HOURS MIN.
erol di		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIO	9 BALTIMORE CITY OR COU	imore Co.	
er de fun	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND O	F BUSINESS OR
		andallstown	Bo Hin	one lour	ty 90.	neral Hosp	Carpenter	Constr	ruction
24 hour filled in gold be		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY BALT:	OTHER INSTITUTION, ITY	13c. CITY OR TOW Owings		13d INSIDE CITY LIMITS? YES NO T	13e.STREET ADDRESS / ZIP C	ODE Hills Rd.	21117 Apt. 101
thin thin		ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME		
Service of with		Edward C.	MIDDLE	Goodman		Binia	WIDDLE	Ma	rers
5 00	160 \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	101 ABHEhar		
be execu			E WAR OR OATES)	228-01-0	0949	Pauline Good			
physicie mooper movol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY: E CAUSE (a)	line for (a), (b), and	Ae	evo		APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
ding ordo or is other		IMMEDIAI		R AS A CONSEQUE	NCF OF				
deat offer glion.		Conditions, if any, which gove rise to immediate	(b)	7,07,007,024,02					
1 4 1 1		couse (o), stoting the underlying couse lost	DUE TO, OR	R AS A CONSEQUE	NCE OF				
The state of the s	N N	PART 2 OTHER PIGNIFICANT		NTRIBUTING TO	DEATH BUT	NO RELATED TO THE TERM	INAL DISEASE OF CONDITION	GIVEN IN PART 110	
or low ra	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY? 20b. IF	YES, WERE FINDIN	OF DEATH?
48 2184	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	E INTITIDY		131, HOW INTURY OCCURS	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES	NO 🗌
HCIAN B Physical Collection Colle		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.A	M. MONTH DA	YEAR	THE NOW INJUNT OCCUR	CED (ENTER NATURE OF INJURY IN 11EA	18 PART ORPART 2]	
The burding	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC)	211. LOCATION	CITY OR TOWN	COUNTY	STATE
DNG 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		22a.1 certify that (I) (this hospi	tall oftended the	deceased from	21	87,19	10 2/26	19 X	hot (l) (we) lost
ATTRA		sow the deceased alive on above, (I) (we) (did) (did no		ofter deoth.			death occurred on the date and	hour and from the c	ouses stated
AL OR HE house he had he house he had house he h		22b. SIGNATURE	lue	irfor	. 0	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATES	28 83
O HOSPIT TO FUNER O FUNER Novid be o		220. PHYSICIAN'S NAME (TYPE O	AGC	ory		27e ADDRESS	20 cour 2	0.0	.0
21 2413/	23a F	BURIAL, CREMATION, REMOVAL	23b. DATE	23r N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	1 10	
BP		Burial	Feb. 2	28, 1987	Everg	reen Mem. Gar	dens Finksburg	Carroll	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	N.F.	Schlange	H C	Ckhardt Wings Mi	Funer	al Chapel 250 DATE	B 2 7 1987	GISTRAP'S SIGNATI	Bridge !



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

	REGISTRAR		CERTIFIE	CAIL OI DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9 6	ORPRINT) ESTASR	M	(700 E	nsy	FEBRUARY	11.1987 "
3. SE	X 4.	RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
E	e.mals 1	114: -	OMONTH	- 29 1929	EN	MONTHS DAYS HOURS MIN.
M. B	IRTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8	. /	9 BALTIMORE CITY OR COU	NTY OF DEATH
	COUNTRY	1150	MARRIED	NEVER MARRIED	Bai	
10 0	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	WIDOWE		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10 C	TO COUNT OF BEATT	(IF NOT IN SUCH FACILITY, GIVES		COMER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKIN	
di	101101	20 GRESAM	LADOU	JURIVS	SELF-EMP.	STORE
30	AL RESIDENCE IN NURSING HOME OR OTH			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE 21093
1)	ARYLAND BALT	more Timo	nium	YES NO	20 GREEN	RADOW DRIVE
14. F/	ATHER'S NAME	DDLE LAST		15 MOTHER'S MAIDEN NA		
5	11 1	MANI	54	MARGA	S T MIDDLE	K: Brosc
160.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS	111111111111111111111111111111111111111
- (YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	2 511 3	Enmille.	Recons	
	110	19909	42103	1 HILLIT	1 10COKDS	# ADDOMESSAYE INSTERNAL
	18 CAUSE OF DEATH (Enter only & PART I. DE ATH WAS CAUSED E			- 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		DUE TO, OR AS A CONS	FOUENCE OF			/
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	couse (0), stating the underlying cause last	DUE TO, OR AS A CONSI	EQUENCE OF			
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Z	PART 2 OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TERM	VINAT DISEASE OR CONDITION	GIVEN IN PART 116
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OBERATION	LAVAS DEDECORATED	20a AUTOPSY? 20b IF	FYES, WERE FINDINGS USED
5	DATE OF OPERATION	176 CONDITION FOR WI	HICH OFERATION	WASPERFORMED		ERTIFYING CAUSES OF DEATH?
E					YES NO Z	YES NO
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
AL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
Z	WHILE NOT WHILE AT WORK	I AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY ON TOWN	31410
	220 I certify that (I) this haspital	ntteaded the decensed for	om 29	19 84		
			12.7			hour and from the couses stated
	sow the deceased alive of above, (I) (we) (did) (did not) w	riew the body ofter death.				
	22b. SIGNATURE	. 1 . D	4.	EGREE ATTENDING	. MEDICAL STAFF	22c. DATE SIGNED
37	g.Mer	may .	/0	PHYSICIAN	DIRECTOR PHYSICIAN	1 - 18.12 1987
	224. PHYSICIAN'S NAME (TYPE OR PE	IINT)		22e ADDRESS		
	/ FNN	(EDY, M.D.	1,523	umcc	22. S. GREEN	VE ST 21201
230.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	236 LOCATION	
C	(SPECHY)		1		CITY OR TOWN	COUNTY COLATE
24 5	UNERAL DIRECTOR	0 17 10 11			TE REC'D. BY REGISTRAR 25b. RE	CISTRAP'S SIGNIATURE
-	NAME	ADDR	3325		A (7)	GISTRAR'S SIGNATURE
5,	2 1200H 7 2005	JECH: Mes!	york 1	ROAD FEE	TI O TUNI	

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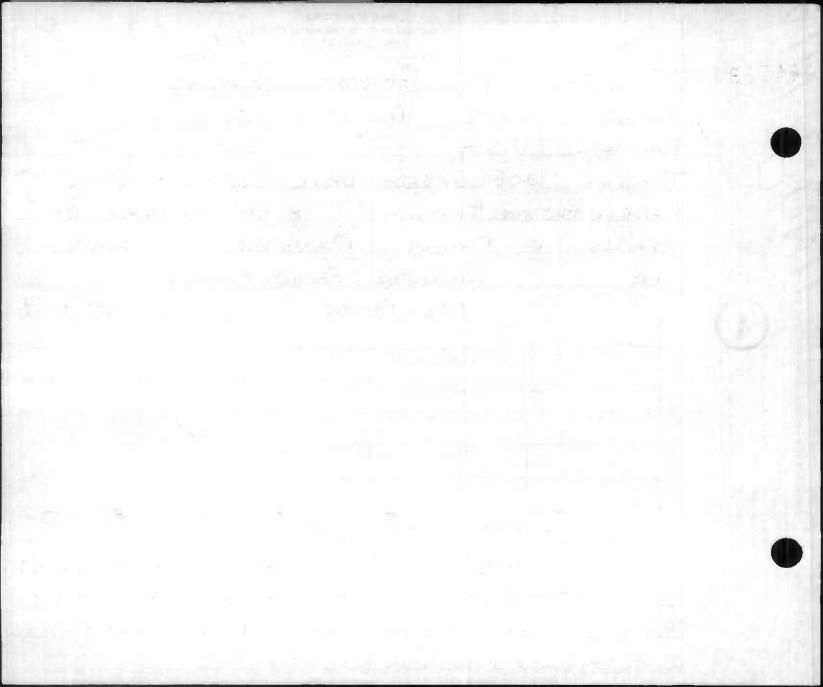
HAPELOFCHIMES YORK

DHMH - 16 60M 7/B4

MPORTANT: If Item 21 is marked ar Item 18 shares any injury, ar other tree

TO FUNERAL DIRECTOR: After this certificate has been signed by ill should be detached for use as the burial-transit permit. Then please mouth the State Dept. of Health and Mental Hygiene prior to burial, cre

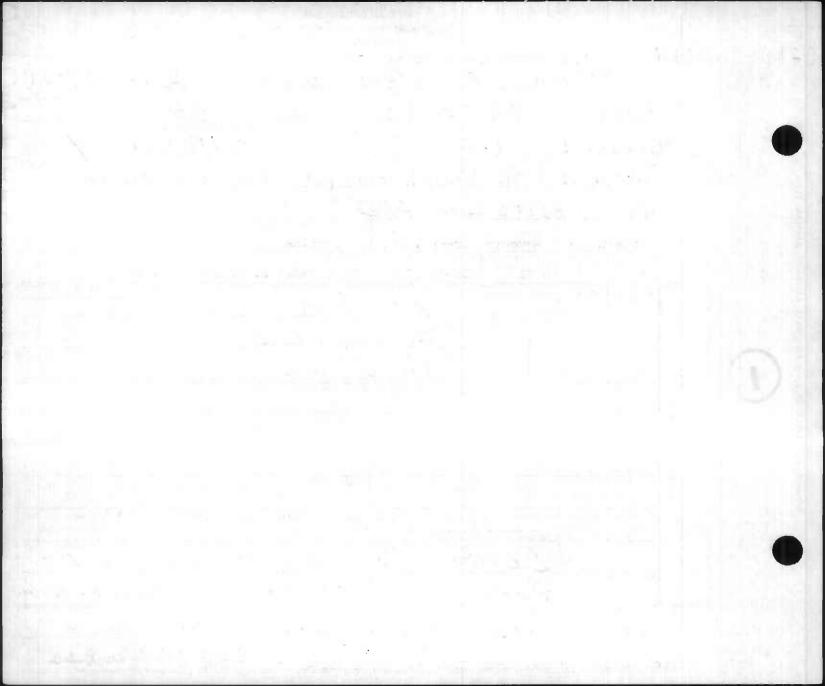
(VRA 15, 4)



20M 4/82

STATE OF MARYLAND

2	1	FOR	DI		OF MARYLAND	Pipip	m ====================================	1 4
		- STATE REGISTRAR	DE		EALTH AND MENTAL HYO ICATE OF DEATH	0 /	0 3 /	
1 4 8 9 0 FEB	F. D	ECEASED NAMEMELVIA	Raymone	Greene,	ASUr.	REG. NO 20. DATE OF DEATH		AR 2b. HOUR
may be page 3	(TY	Melvi	n R.	GI	eene, J	r.	2 16 8	7 6:20Pm
4 may or. pog offer de	3. S	EX	4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
ge ge		Male	White	08	18 23	63	YRS	
death. Po	01	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	INTRY? \$. MARRIE WIDOWE	DIVORCED	Balto	County of DEAT	H / MD.
offer softer sof	3 -	TOWSON	OF OSE	PPh -	ROTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF President &	WORKING LIFE) INDUS	
LAND 212	13a	STATE 136 COU	NTY JOG CITY O		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	1093
completely filled to a should be sho	2 14 1	ATHER'S NAME FIRST Melvin		ene, Sr.	15. MOTHER'S MAIDEN NA FIRST Corijne	WE	Alve	LAST
MOR ond ond ond one one	160		IVE WAR OR DATES)	L8-0305	Mrs. Fadra	L. Greene S	ss Same as #1	3.
15, 201 W. PRESTON ST., BALTIII Form that the death certificate be ground by the artending physician plane recommendates. The buriel, cremotion, or removal. Ury, or other troumatic event, then	z	Conditions, if ony, which gove rise to immediate couse lol, storing the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON	Myrico- NSEQUENCE OF Corcha	did en lare	Leen.	ITION GIVEN IN PAI	RT Ito:
NG PHYSICIAN: The law restrict the other ding physicion of the ding physicion of the third the state of the third the state of the physicion of the buriel-tronsit permit. The pitch and Mental Hygene prior to buriel, or ded or them 18 shows ony injury, or or orked or them 18 shows ony injury, or or or the pitch of the pitch or th	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAU	INDINGS USED USES OF DEATH? NO
SICIAN: TI ng physicic certificate uriol-transit tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR			
DIVISION DING PHYS or offending After this ce as the buy alth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM ETC)	21f. LOCATION STREET	CITY OR TOW	N COUNT	TY STATE
OR ATTENDI e hospital or DIRECTOR A ched for use Dept. of Heal them 21 is m		220. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	- / /	_19_87.or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN II	MEDICAL STAFF	te and hour and from	, that (I) (we) lost in the couses stated
TO HOSPITAL of the state of the		224. PHYSICIAN'S NAME (TYPE	Pice (4		220 ADDRESS 780 / 5	Porce Nd	tow son	Md 21204
	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP	24	Burial UNERAL DIRECTOR	Feb. 20, 1987	Druid R	idge Cemetery	Pikesyì	lle Balto	o.,Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME ICK TOWSON Fune	****	DRES 1050 YO	rk koad FFE	E REC'D. BY REGISTRAR 2	when deviders	Produce



rely filled in by the funeral director. p 2 shawld be that with 172 hours offer

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO					

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(IVPE	CEASED NAME	David		L.		regory		02 0°	7 8 7	3:00
3. SE	F Male		4 RACE Whit	e	5. DATE O	st 14, 1923	6. AGE (IN YEARS LAST BIR	YRS	MONINS DAYS	IF UNDER 24
	RTHPLACE (STATI	E OR FOREIGN	U.S.		WIDOWE		9 BALTIMORE CITY C Baltimor			
	TOWS ON					ical Center	120 USUAL OCCUPATION OF CIVIL EN	ION of working til oginee	12h KIND C INDUSTRY Dewbe	erry-Da
130.5	AL RESIDENCE IN STATE ryland	13b COUN		GIVE RESIDENCE BEFORE 131 CITY OR TOW TOWSON		13d INSIDE CITY LIMITS?	307 Color	ZIP CODE	ourt 21	.204
14. FA	Hinton		MIDDLE awson	Grego	ory	15 MOTHER'S MAIDEN NA FIRST Margaret	Ruth		Mac	Innes
	VAS DECEASED E YES, NO OR UNKNOWN		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 424-14-3		Jo Lane (ADDRI Gregory, 752		erdale	Rd. 2
		ause last.	((c)	AS A CONSEQUE	ence of					
FICATION	PART 2 OTHER	SIGNIFICANT		ontributing to [DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED OF DEATH
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

FOR

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328 575 Mg-1400 Meller Miles

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours offer death. Page 4 intering by the hospital or ottending physician. O FUNERAL DIRECTOR. After this certificate has been signed by the oftending physician and completely filled in by the funeral director, hould be detached for use on the bundar from the press of the physician permit. Then please femove companies. Pages 1 and 2 should be filled within 72 in earlier than the distriction of the physician permit of the physic	mm ne abore peptiden on recum one went in years party or other trought or remover. MADOPLANT if Hear 21 is marked or hear 18 shows one injury or other trought or remover.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN The low requires that the death certificate be executed within 24 hours or offending physician. After this certificate has been signed by the ottending physician and completely filled in by as the burds-trongs permit. Then please femore compropers. Pages Land 2 should be filed in the company of the burds-trongs permit. Then please femore companyers.	roum
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL DHOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate founed by the hospital or attending physician. O FUNERAL DIRECTOR, After this certificate has been signed by the attending physician the death of the use os the burnit-transit permits. The please femove corban paper.	H Her
by 1	ANT
HOS orned	PORT

		EASED NAME FIRST PRINT) Eug	ene Bernard Gre	evey	February	
1	SEX		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YEAR IF UNDER ;
1		THPLACE (STATE OR FOREIGN	White	Sept. 23, 1927	9 BALTIMORE CITY OF	YRS
	ACC.	Baltimore	76 CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED ☐ DIVORCED ☐	Baltimo	ore County
V		ddler River	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) STRUT Rd.	126 USUAL OCCUPATION OF WORK FOR MOST OF MECHANICAL	working (IFE) 126 KIND OF BUSINES WORKING (IFE) INDUSTRY Contractor Cont
26 13	la. ST	ATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13c CITY OR TOVE Middle	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 3819 Chest	zip code tnut Rd. 21220
30		HER'S MAMEman Cha		15 MOTHER'S MAIDEN NA	Sermanhouser	LAST
16	(YE	AS DECEASED EVER IN U.S. 5 NO OR UNKNOWN) (IF YES)	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 220 20			Maple Crest Dr. lto., Md. 21220 APPROXIMATE INTER BETWEEN ONSET AND I
		PART 1. DEATH WAS CAU IMMED	TATE CAUSE (0) CARDIO -	PULMONARY AR	LREST.	
				JENCE OF LEFT A	VECK,	
1 NOLLY STREET		gove rise to immediate couse to), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 90. DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	JENCE OF LEFT A JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	AINAL DISEASE OR COND 200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
J. CEDITICIA ATION	CEKIIFICATION	gove rise to immediate couse tot, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH DEATH	JENCE OF LEFT A JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 1716 HOW INJURY OCCUR	AINAL DISEASE OR COND 200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
ASSIGNATION ASSIGNATION	CEKIIFICATION	gove rise to immediate couse tot, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 96 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH DEATH	JENCE OF LEFT A JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	AINAL DISEASE OR COND 200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO NO THE NOTION OF PART 2)
	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTHY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AUSE OF COURSE OF COU	DUE TO, OR AS A CONSEQUENCE OF ICONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDI	JENCE OF JENCE	700 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO
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	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURTED WHITE AT WORK AT WORK 200. (I) (we) (did) (did) 220. Certify that (II) (this has sow the deceased alive obove, (I) (we) (did) (did) 220. CERTIFY TO THE COURTED COUNTY OF COURTED CAUSE (II) (we) (did) (did)	DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH DEATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE. Spitol ottended the deceosed from not wew the body ofter death.) W. W. A. W. C.	JENCE OF JENCE	700 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE INTERNAL TO THE PART 2) VN COUNTY ST 19 that (I) (we te and hour and from the causes sto
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CEKI	IFICALE OF DEATH	REG. NO).	
DECEASED NAMEGER	aľďine Is	abelle oGRI	FFITH	20 DATE OF DETEB	MONO, \$987 YEAR	2b HOUR
Ger	aldine		CFith		2 987	1250 AA
SEX	4. RACE	5. DATE	OF BIRTH YH 6 DAYL 920 YEAR	6. AGE (IN YEARS LAST BIRT		
Lemale	. leanc	asian	5 6 20	66	YRS MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OR		WHAT COUNTRY?	IED X NEVER MARRIED	9 BALTIMORE CITY O		-
illets, Cal	il us	A WIDOV		Bal	to com	JLL MI
CITY OR TOWN OF DE		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 126. KIND (OF BUSINESS OR
Towar		a maris Ho	S Reco	homemaker	WORKING LIFE) INDUSTRY	
UAL RESIDENCE (IF NUR.	ING HOLE OF CHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION		112 CTREET ADDRESS		
MD	AA	Severn	YES NO XX	7925 Quarte	erfield Rd.	21144
FATHER'S NAME	WIDDLE		15. MOTHER'S MAIDEN NA	AME		
John	_	all LAST	Alice	WIDDIE	Fergus	on.
	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		
NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	220/07/4293	Lee M. Griff	ith (husband	d) same as	3 13
THE CAUSE OF DEAT	H (Enter only one cause pe	r line for (a) this and (c)			. ,	XIMATE INTERVAL
PART I. DEATH W	AS CAUSED BY:	Carcination	a al chi	uel - mote		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Cacachan	a of sum	ner) - I rocce	muc ouse	ase
	DUE TO, C	OR AS A CONSEQUENCE OF				
Conditions, if ony						
gave rise to imp						
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BART 2 OTHER SIGN	(c)	ONTRIBUTE O TO DESTUD				
PART 2 OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BO	IT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART TO	10'
III. DATE OF OPERA	TION 196 COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND!	INGS USED
11m. DATE OF OPERA				YES NOT	IN CERTIFYING CAUSES	S OF DEATH?
21a. ACCIDENT WAS UNI	DERLYING 21b. TIME (OF INJURY	21c. HOW INJURY OCCUR		YES TOP PART 1	NO []
OR CONTRIBUTING	CAOSE OF DEATH	M. MONTH DAY YEAR	3	The ferrent tallone of Alfon		
(IF EITHER NOTIFY MEDI-		OF MUURY	211 LOCATION			
WHILE D NOT WE	LAT HOME ST	REET FACTORY, OFFICE FARM, ETC)	STREET	CITY OR TOV	VN COUNTY	STATE
AT WO	RK C	//	20 27		<i>C</i>	
sow the decease	(this hospital) attended the	2/	-30 19 86	. 10	9 19 87	that (1) (me) last
abave, (1) (wold	hd) (did not) view the body	ofter deoth.	and that in (my) (our) opinion	deoth occurred on the do	te and hour and from the	couses stated
22b. SIGNATURE		,	DEGREE			SIGNED
			ATTENDING PHYSICIAN [MEDICAL STAF	IAN D A	9 187
22d. PHYSICIAN'S 147			220 ADDRESS Stell	a Maris Hos	pice	
Eddie N	akhuda, M.D.		Dulaney Vall	ley RdTows	on, MD 21204	4
BURIAL, CREMATION,	REMOVAL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
Buiral	Q 12 Fe	t.1987 Glen H	Haven Mem Pk.	Glen Burr	YINDO AA M	STATE

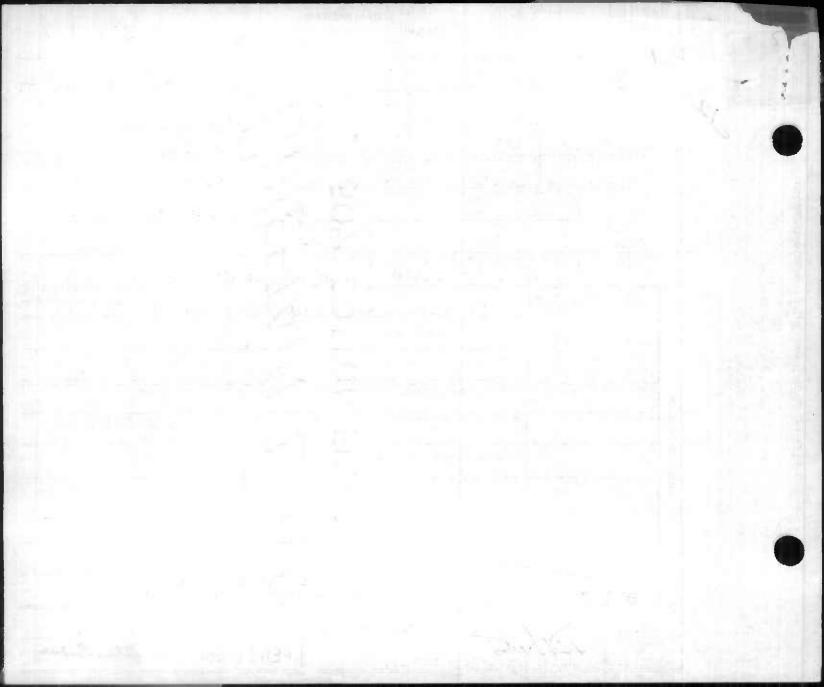
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR STATE

4 FUNERAL DIRECTOR ADDRESS
Singleton Funeral Home, Glen Burnie, MD

250. DATE REC'D. BY REGISTRAP 251 REGISTRAP SSIGNATURE FEB 1 0 1987 Julia Doubles Redices



	ST	ATE O	FMA	RYL	AND	
DEPARTMI	ENT O	F HEA	LTH /	AND	MENTAL	HYGIEN
			A 40			

03/18

57	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO	0.	, 4
	CEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEA	24 110011
(TYPE OR PRINT) Viola		a	GF	ROMEK	February 27	, 1987	1:05 a
		4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	EAR # UNDER 24 HRS	
FEMALE		CAUC.		MONTH DAY YEAR 17	69	MONTHS D	AYS HOURS MIN
7a. 81	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8		- 9 BALTIMORE CITY OR COUNTY OF DEATH		
	EW YORK	U.S.A.		ARRIED NEVER MARRIED DOWED DIVORCED	- Raltimore County		
10 CITY OR TOWN OF DEATH		11. NAME OF	HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126. KIND OF BU		
RC	OSEDALE		LIN SQUARE H		RETIRED		M. CAN CO
13a. S					13e.STREET ADDRESS / 203 S. TAYI	ZIP CODE LOR AVE.,	212 BALTO., M
) FA	THER'S NAME FIRST PAUL	WIDDLE	ZI EMBA	15. MOTHER'S MAIDEN NAME FIRST HELEN			LAST
	VAS DECEASED EVER IN U.S		166 SOCIAL SECURITY		ADDRE	ss 203 S.	Tayler A
()	YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES	213-97-001	.2 Mrs. Stephan:	ie Hufnagel		, Md. 212
	Canditions, if any, whic gove rise to immediat couse (a), stating th	e 10)	R AS A CONSEQUENCE				
FICATION	Canditions, if any, whice gove rise to immediat couse (a), stating the underlying couse los	DUE TO, O Ib) DUE TO, O (c) NT CONDITIONS C	RAS A CONSEQUENCE Pulmonary Ei		200 AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED ISES OF DEATH?
ERTIFICATION	Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse loss. PART 2 OTHER SIGNIFICATION	DUE TO, O b) e	RAS A CONSEQUENCE PU IMONARY ET	Mboli BUT NOT RELATED TO THE TERM RATION WAS PERFORMED	200 AUTOPSY? YES X NO	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEATH?
AL CERTIFICATION	Canditions, if any, whice gove rise to immediate couse (a), stating the underlying couse loss. PART 2 OTHER SIGNIFICATION. 19a DATE OF OPERATION. 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	DUE TO, O L DUE TO, O CC) NT CONDITIONS CI 19b. COND 19b. COND HOUR A.	PAS A CONSEQUENCE PUTMONARY EI	Mboli BUT NOT RELATED TO THE TERM RATION WAS PERFORMED 21c HOW INJURY OCCURY	200 AUTOPSY? YES X NO	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEATH?
MEDICAL CERTIFICATION	Canditians, if any, whice gove rise to immediate couse to), stating the underlying couse loss. PART 2 OTHER SIGNIFICATION DATE OF OPERATION.	DUE TO, O Ib) Pe DUE TO. O (c) 19b. COND 19b. COND 19b. COND 4 DEATH P. 21e. PLACE	RAS A CONSEQUENCE PUTMONARY EI ONTRIBUTING TO DEATH ITION FOR WHICH OPER DE INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM, E'	MEDIT NOT RELATED TO THE TERM RATION WAS PERFORMED 21c HOW INJURY OCCURE 19 211 LOCATION STREET	200 AUTOPSY? YES X NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES THE TOTAL TO	NDINGS USED SES OF DEATH? NO []
-	Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse loss. PART 2 OTHER SIGNIFICATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAMINATION OR CONTRIBUTING TO COURRED WHILE NOTIFY MEDICAL EXAMINATION OF COURSE OF	DUE TO, O Ib) DUE TO, O (c) NT CONDITIONS CI 196 COND 196 COND 216 TIME C HOUR A MINER) 216 PLACE (AT HOME, ST) NOSpitol) ottended the	RAS A CONSEQUENCE PUTMONARY EI ONTRIBUTING TO DEATH ITION FOR WHICH OPER OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM, EI RE deceased from Jd. TV 27 19 87	Mboli HBUT NOT RELATED TO THE TERM RATION WAS PERFORMED YEAR 19 216 HOW INJURY OCCUR 19 10 211 LOCATION STREET 10 10 10 10 10 10 10 10 10 1	YES (X) NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FIND CERTIFYING CAUYES TO THE MILE MILE PART I OR PART WAY COUNTY 27 19 87	NDINGS USED SES OF DEATH? NO 7) STATE that (U (we) la
-	Conditions, if any, whice gove rise to immediate couse to), stating the underlying couse loss. PART 2 OTHER SIGNIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAU	DUE TO, O Ib) DUE TO, O (c) NT CONDITIONS CI 196 COND 196 COND 216 TIME C HOUR A MINER) 216 PLACE (AT HOME, ST 100 PD 110 PLACE (AT HOME, ST) 100 PLACE (AT HOME, ST) 100 PLACE (AT HOME, ST) 100 PLACE (AT HOME, ST)	RAS A CONSEQUENCE PUTMONARY EI ONTRIBUTING TO DEATH ITION FOR WHICH OPER OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM, EI RE deceased from Jd. TV 27 19 87	MEDIT NOT RELATED TO THE TERM RATION WAS PERFORMED 21c HOW INJURY OCCURY 19 21l LOCATION 51REET TUARY 30 19 87 —, and that in (the laur) opinion DEGREE ATTENDING PHYSICIAN	YES (X) NO RED (ENTER NATURE OF INJUR	206. IF YES, WERE FINING CAU YES THE TIME IS PART LOR PART WN COUNTY TY 27 19 87 The and haur and from	NDINGS USED SES OF DEATH? NO STATE
-	Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse loss. PART 2 OTHER SIGNIFICATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAMINATION OR CONTRIBUTING TO COURRED WHILE NOTIFY MEDICAL EXAMINATION OF COURSE OF	DUE TO, O Ib) DUE TO, O (c) NT CONDITIONS CI 196 COND 196 COND 216 TIME C HOUR A MINER) 216 PLACE (AT HOME, ST 100 PLACE (AT HOME, ST) 100 PLACE (AT HOME, ST) 101 PLACE (AT HOME, ST) 102 PLACE (AT HOME, ST) 103 PLACE (AT HOME, ST)	RAS A CONSEQUENCE PUTMONARY EI ONTRIBUTING TO DEATH ITION FOR WHICH OPER OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM, EI RE deceased from Jd. TV 27 19 87	MBOTI H BUT NOT RELATED TO THE TERM RATION WAS PERFORMED 21c HOW INJURY OCCURE YEAR 19 21l LOCATION STREET TURY 30 19 87 —, and that in (10) (aur) opinion DEGREE ATTENDING PHYSICIAN 22c ADDRESS	YES MO CITY OR TON TO FEBRUA deoth accurred on the do	20b. IF YES, WERE FIN IN CERTIFYING CAU YES TY IN ITEM IS PART I OR PART WAY COUNTY TY 27 19 87 ate and haur and from 22¢ D	NDINGS USED SES OF DEATH? NO 77 STATE . that (I (we) la The causes stated
WEDICAL MEDICAL	Conditions, if any, whice gove rise to immediate couse to), stating the underlying couse loss. PART 2 OTHER SIGNIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF	DUE TO, O Ib) DUE TO, O (c) TO DUE TO. O (d) TO DUE TO. O (e) TO DUE TO. O TO DUE TO. O (c) TO DUE TO. O (d) TO DUE TO. O (e) TO DUE TO. O (c) TO DUE TO. O (d) TO DUE TO. O (e) TO DUE TO. O (c) TO DUE TO. O (d) TO DUE TO. O (e) TO DUE TO. O (d) TO DUE TO. O (e) TO DUE TO. O (f) TO DU	RAS A CONSEQUENCE PUTMONARY EI ONTRIBUTING TO DEATH ITION FOR WHICH OPER OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM, E IN deceased from Jd LY 27 Offer death.	MBOTI H BUT NOT RELATED TO THE TERM RATION WAS PERFORMED 21c HOW INJURY OCCURE YEAR 19 21l LOCATION STREET TURY 30 19 87 —, and that in (10) (aur) opinion DEGREE ATTENDING PHYSICIAN 22c ADDRESS	ZOO AUTOPSY? YES [X] NO RED (ENTER NATURE OF INJUR CITY OR TOV TO FEBRUA death accurred on the do MEDICAL STAF DIRECTOR PHYSIC IN Square C 23d. LOCATION CITY OR TOWN	20b. IF YES, WERE FIN IN CERTIFYING CAU YES TY IN ITEM IS PART I OR PART WAY COUNTY TY 27 19 87 ate and haur and from 22¢ D	NDINGS USED SES OF DEATH? NO [] STATE that () (we) lo the couses stated ATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

Walter Dabrowski - 1005 Dundalk Ave.

BP.

Joint John The Latters

walter debroyed - 1902 auguste wes, 21224 - Mark 5 for w

signed by

ottending physician.

should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burion or TO FUNERAL DIRECTOR: After this certificate has been

MPORTANT: If Item 21 is morked or Item

filled in by the funeral director, page 3 pold be filed within 72 hours after death

STATE OF MARYLAND

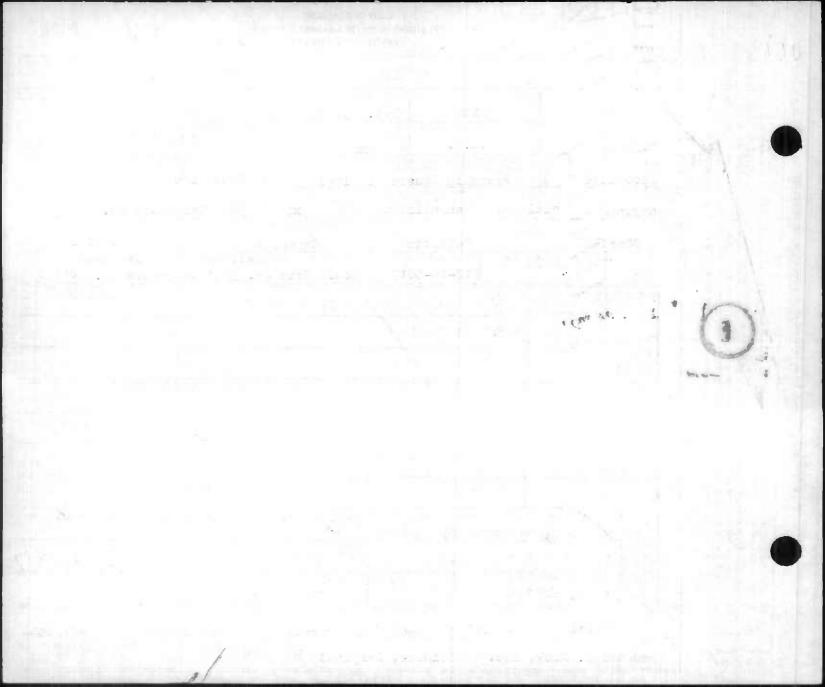
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3/19

FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	8 /	0 3	1	1 3	
F. DECEASED NAME FIRST (TYPE OF PRINT) CHRISTI		MIDDLE	GRUE	i AST	20. DATE OF DEATH ebruary 20,	MONTH DAY	YEAR 9	26 HOUR 20 P	
Female	4 RACE			of Birth - 13, 1907	6 AGE (IN YEARS LAST BIR	IF UNDER 24 HRS. HOURS MIN.			
1 8 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	S.A. WIDOWEL			Baltimore city o	County	у			
Rossville	Frar	the facility, give street in the street in the same	are H		120 USUAL OCCUPATION OF WORK FOR MOST OF Housewife	F WORKING LIFE) IN	b KIND C IDUSTRY	OF BUSINESS OR	
Thoras of Tourier	timore	13c. CITY OR TOW Randalls		YES NO XX	3841 Cas	zip code sandra R	d. 2	1133	
14 FATHER'S NAME FIRST Charles	WIDDLE	Gullotts		15 MOTHER'S MAIDEN NAME OF THE STREET Carmel:	MIDDLE		enti		
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU 212-16-80		Louis Grue	ndallstown Jr. 3841 Ca			d 21133	
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a								
TIFIC				ON WAS PERFORMED	20a AUTOPSY? YES NOW YES YES YES YES TO A YES TO			NO [
OR CONTRIBUTING CAUSE OF DE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.			19			RY IN ITEM 18 PART ORPART 2)		
AT WORK AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE	
saw the deceased alive a above. New I (aid) (34) 270. SIGNATURE 271. PHYSICIAN'S NAME (17/2)	Julie R. MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC								
23g. BURIAL, CREMATION, REMOVA	L 23b. DATE		IAME OF (9000 Tran	23d LOCATION CITY OR TOWN	Dr. 21		STATE	
Burial 24 FUNERAL DIRECTOR Leomard J. Ruc		4 1987 Mo			Baltine Baltin Baltine Baltine Baltine Baltine Baltine Baltine Baltine Baltine	nore]	Maryland TURE 4	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND 044393 FEB DEPARTMENT OF HEALTH AND MENTAL HYGIENES 17-ISTATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME FIRST 20. DATE OF DEATH MONTH YEAR 2b HOUR [TYPE OR PRINT] A. 6 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE YEAR 82 4-6-1904 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED Md. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS INDUSTRY Firefighter Balto. City USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 130. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Balto. NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jacob Guidice Elizabeth Tudor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214-01-7906 NANSEL 5013 Pilgrim Rd. No 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. by 0 TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO racke prior CERTIFICAT 190 DATE OF OPERATION 16 CONDITION FOR WHICH OPERATION WAS PERFORMED WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH?

NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES [NO [

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC | NOT WHILE

211 LOCATION CITY OR TOWN

COUNTY STATE

220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on above (1) (did) (did not) view the body after death

and that in DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS

Balto.

230 BURIAL, CREMATION, REMOVAL Burial

Parkwood

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION ·Md

(my) (por) opinion death occurred on the date and hour and from the causes stated

24 FUNERAL DIRECTOR

WHILE AT WORK

AT WORK

Leonard J. Ruck, Inc. . 5305 Hariord Rd.

2-19-87

Antonio.

23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

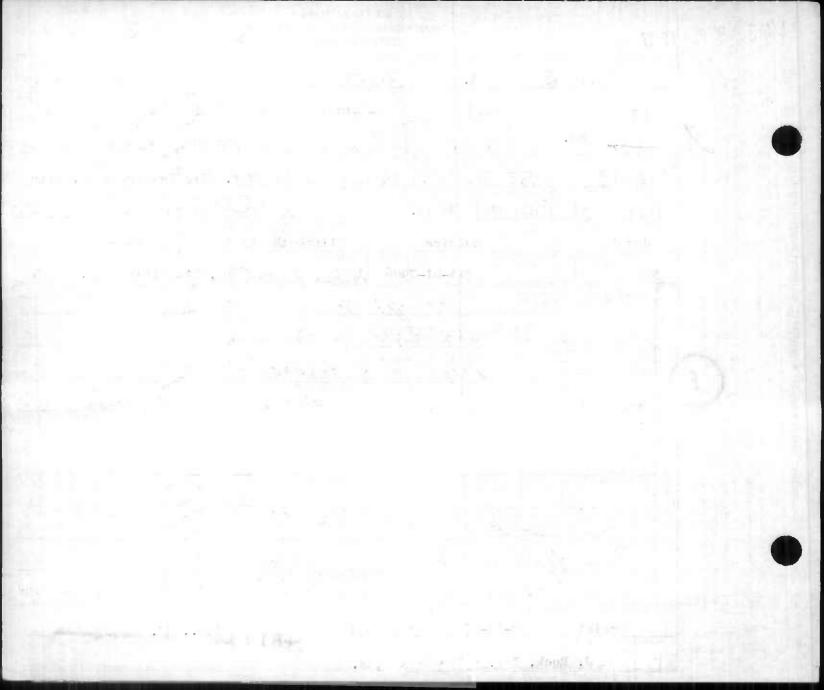
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FOR - STATE

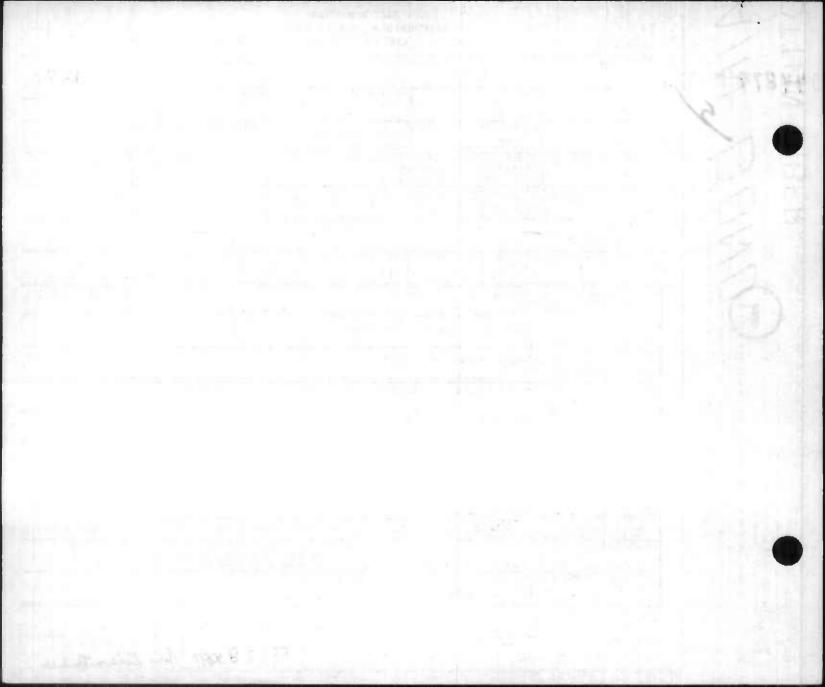
STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

0 3 / 2

		REGISTRAR REG, NO.											
		CEASED NAME FIRST		MIDDLE	Į.	AST	20. DATE OF DEATH		DAY YEAR	2h HOU	R		
23	87	MATILE	A RU	RUTH		GUNDERSDORFF	February 16,		1987 12 1º PM		PM		
	3. SE)	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY	IF UNDER 1 YEAR				
		EMALE	WHITE			Jun.03, 1914 72			S. DAYS HOURS MIN.				
p	Ja BII	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	OF DEATH					
1	M	IARYLAND	U.S		WIDOWE	DIXX DIVORCED	BALTIMOF	6.) MD.				
	С	(IF NOT IN SUCH FACILITY			LY RD. HOUSEWIFE			F WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY HOME				
E.	13a. S M	laryland BAI		SIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN CATONSVILLE YES NO XX 138.STREET ADDRESS / ZIP 92.1 SEDGELY									
Ò		THER'S NAME VALTER MAYHEW	LAST	15. MOTHER'S MAIDEN NAME FIRST MATILDA SEIPE				IAST					
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO. 17 INFORMANT CATOMOSTILE				MD 2	21228				
	N	YES, NO OR UNKNOWN) (IF YES, GIV	TE WAR ON DATES)	215-44-	0511	RAYMOND K. G	UNDERSDORFF	6236	GILSTON PARK RD				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line far (a), (b), and	(C1.)				APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
			TE CAUSE (a)	Carcinoma	a of	lung with wide	espread						
			DUE TO, O	R AS A CONSEQUE	NCE OF	metastasis				3 months			
		Conditions, if ony, which (b)											
		cause (o), stofting the underlying cause last DUE TO, OR AS A CONSEQUENCE OF							1				
		(c)											
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a											
7	ATIC	Renal Fail				WERE FINDINGS USED							
1	CERTIFICATION						YES T NOT	YING CAUSES	ING CAUSES OF DEATH?				
ì		210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS P	ART I OR PART 2)				
7	CAL	OR CONTRIBUTING CAUSE OF DEA	NIII		19								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	RM FTC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	57	TATE		
	~	AT WORK AT WORK			, 212)								
		220 I certify that (I) (MXMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								that (I) (3)			
		obove, (1) (we) (did) (did not) view the body ofter death.									ted		
		276. SIGNATURE DEGREE ATTENDING MEDICAL							22c. DATE SIGNED				
		Millier N. Jaunblind D. PHYSICIAN DIRECTOR PHYSICIAN						2-16	2-16-87				
		Wilfred H. Townshend, Jr., M.D. 14 F FACER ST											
-	02 0					14 E. EAGER							
	B	URIAL URIAL	02/1	8/87 L	OUDON	EMETERY OR CREMATORY I PARK CEMETER	23d LOCATION RY BALTIMOR	E CIT	Y MD.	SI	ATE		
		BEROSDINE RUSSE					E REC'D. BY REGISTRAR						
		1630 Edmondson Ave., Catons VIIIe, MD. 21228 FFB 1 9 1987 Julia Dinker Balan											

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR 2s DATE OF DEATH MONTH 4, DRIGEASED NAME frest. FEBRUARY 2.1987 LOUISE CATHERINE GUNTHER 4. RACE DATE OF BRITH A AGE THY YEARS LAST BROWDERS # LNORF : YEAR Female White 1907 9. BALTIMORE CITY OR COUNTY OF DEATH TE BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED A NEVER MARRIED Baltimore County USA WIDOWED 13s LISUAL OCCUPATION IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSINESS OR Edenwald ITHE OF WORL FOR HOLD OF WORLING LEEL INDUSTRY Towson Printing Co. AUSUAL RESIDENCE OF HURSING HOME OF OTHER HISTITUTION, ONE RESIDENCE METOR ADMISSIONS 13e STREET ADDRESS / ZIP CODE UB COUNTY LIN CITY OF TOWN 113d. INSIDE CITY LIMITS? 800 Southerly Rd. 21204 Maryland Baltimore YES [7] NO IX Towson 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Wilhelm Dittmar Bertha Frederick Gunther 117985 West 73rd Place Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17. INFORMANT 218-12-8737 Thomas R. Gunther Arvada, Colorado 80005 18. CAUSE OF DEATH (Enter only one couve per line for rol, the and re-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO: OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse out, storing the underlying come lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. LIG. W. DATE OF OPERATION 18. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s. AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIS YES [216 TIME OF INJURY TIL HOW INJURY OCCURRED (1987) NATURE OF HILLIES WITHIN THE PORT I OR PLANT TO THE ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH TH STIMES, NOTHY MEDICAL EXAMINES. P.M 214 INJURY OCCURRED 21s. PLACE OF INJURY 711 LOCATION COLINTY CATE OF TOWN STATE IAT HOME STREET, FACTORS, OFFICE TARM, ESC. S WHILE OF MOT WHILE OF 77x1 certify that (1) (this haspital) attended the deceased from dow the decouped give on above, (i) (was (did) (did) view the bady after death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

224 PHYSICIAN'S NAME JUST DESIGN Marcelino D. Albuerne, M.D. 23s BURIAL, CREMATION, REMOVAL 23b DATE

THE NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STATE

THE LOCATION

5772 Westview Mall Catonsville, Md.

27: DATE SIGNED

Burial 2/5/87 74. FUNERAL DIRECTOR

Druid Ridge

DEGREE

JJ+ ADDRESS

Pikesville, Balto. Co., Md. 256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

77% SIGNATUS

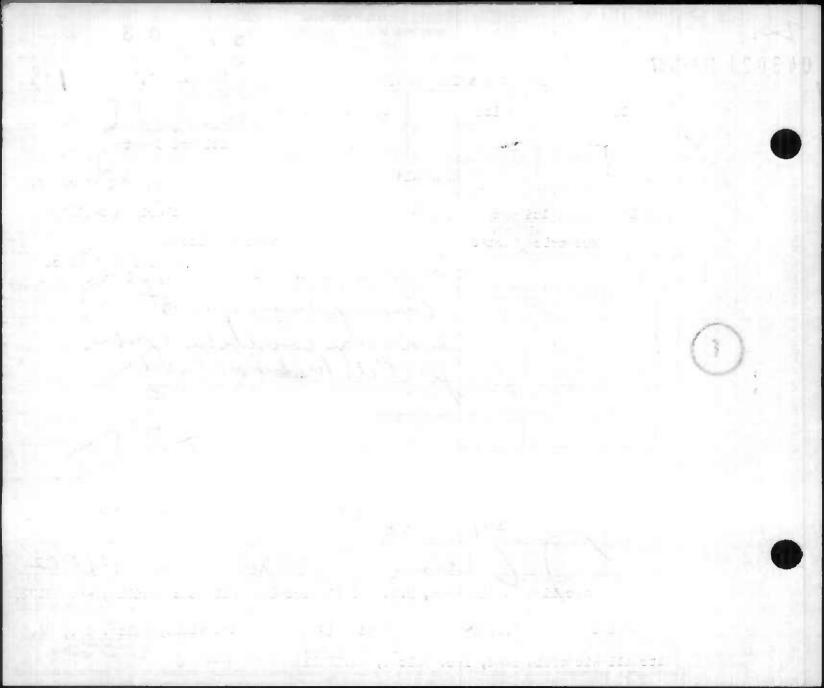
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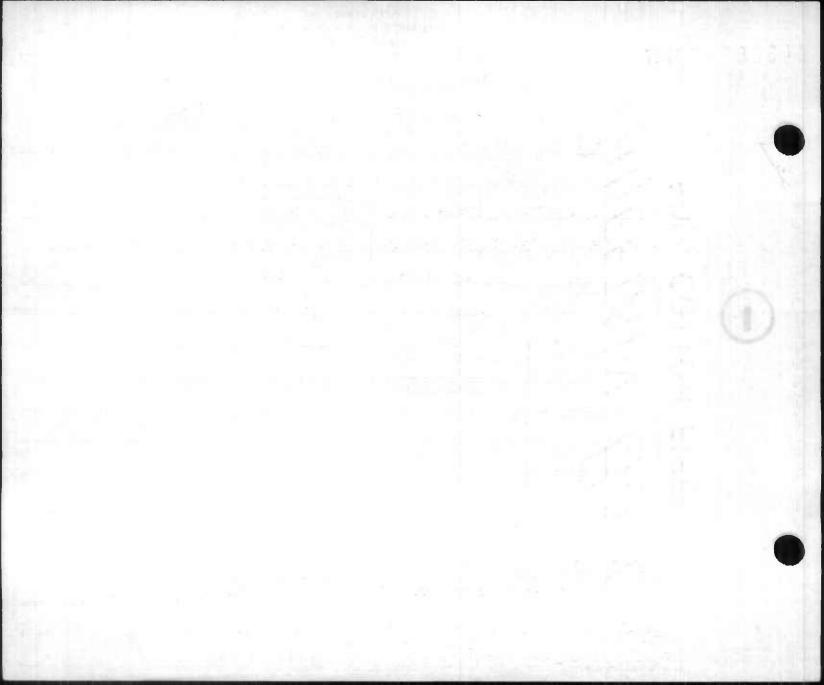
6500 York Rd.

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DHMH - 16 60M 7/84 (VRA 15, 4)

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CERTIFICATE OF DRATH REC. NO Bille M. HADNOT February 7, 1987 1:356 m. Baltimore Country Male Serial 71912 Asset Considering Serial S		1					E OF MARYLAND	0 7 0	3 /	9
TOTAL SECTION AND THE PROPERTY OF THE PROPERTY	5HT	1.			DEPARTI			IENE 8	3 /	100
Billie M. HADNOT	+35/5 FEB	10	11.7						DAY WEAD	11
SER FACE SAME OF BERN ACE POPE ABOLIST SERVICES ACC POPE ABOLIST SERVICES	0 W#		E OR PRINT)							
Male Male Note Male M	deo deo	-			М.					
RESIDENCE (PARTICIONISM DE LA CITIZEN OF VINTAT COUNTRY) WORTH CAPOLITA USA MARRED MANAGE MANAGE DE SALTIMORE COUNTY OF BEATH NOTTH CAPOLITA 18. ENTO PER TOWN OF DEATH ROSSVILLE 21237 TRANSLITATION SAME CHOSE RESIDENCE (PARTICIONISM DE LA COUNTRY MANAGE	6 0	3 SE								
Notice N	irrect ours o	1 2				_	11 / 1912	YR		
Rossville 21237 Rossville 21237 Reservation Rossville Ros	n 72 h	No	orth Carolina	USA	1	WIDOW	DIVORCED	Baltimore Cour	nty	MD
13 STATE ATTENDED 13 STORY ATTENDED 13 STORY ATTENDED 14 STORY 13 STORY	157									
IA FATHER'S NAME 1980 IN MODIL 100 IN MODIL 101 IN MODIL 102 IN MODIL 102 IN MODIL 103 IN MODIL 103 IN MODIL 104 IN MODIL 104 IN MODIL 105 IN MODIL IN MODI	24 hour	USU 130.	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION	13 GIVE RESIDENCE BEFOR	E ADMISSION)	134. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CI	ope Rd. A	pt. F 2122
18 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 NFORMANT ADDRESS 17 Co. March 18 Co. Ma	1737	14. F.	FIRST		1AST			ME		
THE ROOF UNKNOWN OF DATES 226 03 9388 Tole Mae Hadnot, Wife Same Management Market 19	B 8- B	1/4			THE SOCIAL SECT	IDITY NO				
PART L. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 1% AUTOPSY? 1			YES, NO OR UNKNOWN) (# YES, C	GIVE WAR OR DATES)						
OR COMPRIBUTINGCAUSE OF BEATH (IF ETHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOT WHILEA LWORK ALWORK	equires, that the death is in signed by the untendi. Then please remove car to burial, cremation, or injury, or other traumah	NOI	gave rise to immediate couse (a), staling the underlying cause last.	(b)_ DUE TO, (c)_	Obst OR AS A CONSEQU	ENCE OF	bron S	Pauley,	GIVEN IN PART 1	10
OR COMPRIBUTINGCAUSE OF BEATH (IF ETHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOT WHILEA LWORK ALWORK	he low o	TIFICAT	19a DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CE	RTIFYING CAUSES	S OF DEATH?
226. I certify that (I) (this tospitul offended the deceased from	CLAN, T d physic altream mal hyd	1000	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	LM. MONTH D		ZIC HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 21	
sow the decessed alive on above, University (did not see the body effect death. 19	attending the but the	MEDI	WHILE NOT WHILE	21s: PLACE (47 HOME S	OF INJURY	FARM, ETC.)	ZH LOCATION	CITY OR TOWN	COUNTY	STATE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	TTENDR pitel or TOR: Al for use a 21 is mo		sow the deceased alive a	on C	19_		, , ,			
BP 236 BURIAL, CREMATION, REMOVAL 236. DATE 2/11/87 Policy Holly Hill Memorial Gardens Town Baltimore Co., Md.	PITAL OR A VERAL DIRECTOR OF THE CONTROL OF CASA DESCRIPTION OF CA		27h SIGNATURE	/	250	-2	7 ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		SIGNED
BP 2/11/87 Holly Hill Memorial Gardens Town Baltimore Co., Md.	TO FLO Thought Thought Thought	720				NAME OF			Balto	SSIS CH !
	BP	236	Forial		/87_ H	olly	Hill Memorial	Gardens Town Balt		
OHMH - 16 60M 7/B (VRA 15, 4) DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR PA 1407 Old Eastern Ave FEB 0 9 1987 Julia Director Julia Direct		麗	uzdžinski Fune	ra dome	PA 1407	01d I	Castern Ave	EB 0 9 1987 Au	LE JUNGS	- Rudes

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ON OF VITAL RECORDS, 201 W. PRESTON ST. HALLIMORE, MARYLAND 21201	MYSICIAN. The law regules that the death bereaments electrical within 24 hours after death. Page 4 may be ading physician.	hs certificate has been varied by the attending Toyanov and completely filled in by the furnish director, page 3 burish transit permit. Then please remove contain pagets. Proporting 3 challed by filed within 22 hours offer decry. About the clean association to burish committed in respect
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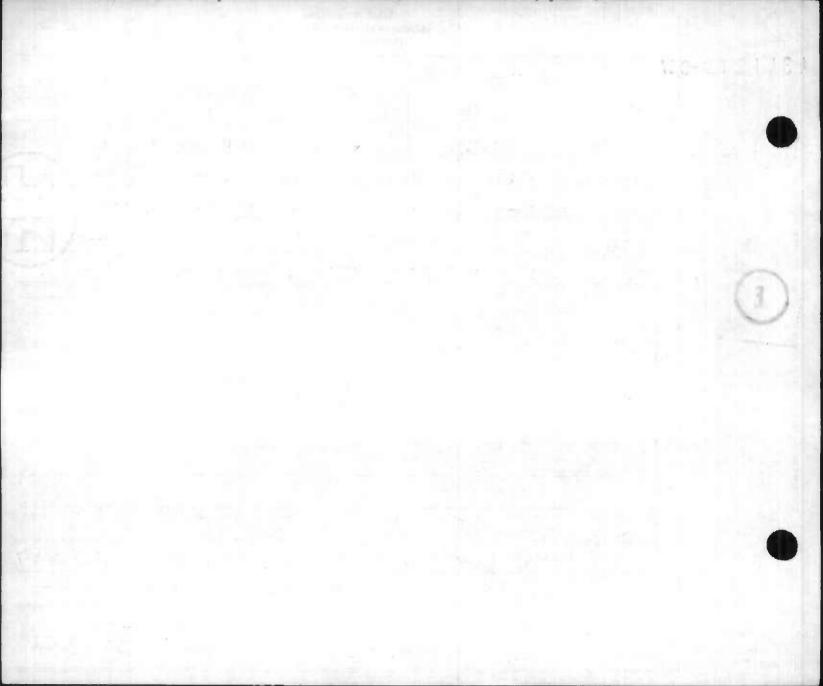
STATE OF MARYLAND FOR
- STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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-1	1120101117111				REG. NO.		
٥ĺ	INDECEASED NAME FIRST	MIDDLE	LAST	1	20 DATE OF DEATH MONT	TH DAY YEAR	2b HOUR
1	William	Martin	Halvorsen		2	05-87	11 PM
1	3 SEX	4. RACE	5. DATE OF BIRTH		AGE IN YEARS LAST BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
1	Male	White	11 - 16 A	- 96	90	YRS	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIED NEVI	ER MARRIED 7	BALTIMORE CITY OR CO	OUNTY OF DEATH	
2	Maryland	U.S.A.	WIDOWED 🔀	DIVORCED [Baltimore	County	MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME OR OTHER I		120 USUAL OCCUPATION		OF BUSINESS OR
4	Catonsville	Frederick	Villa Nursing		Mech. Draftsm	an Steel	l Mfgr.
1	UAL RESIDENCE (IF NURSING HOME O		CE BEFORE ADMISSION)		3e STREET ADDRESS / ZIP	CODE	
4		timore Edg	emere YES [NO 🔀	3206 Lynch R	Rd. /21219	4
И	H FATHER'S NAME FIRST	WIDDIE	LAST	ER'S MAIDEN NAME	E MIDDLE	LAS	51
4	Anton		vorsen	Annia		Willi	
	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!	AL SECURITY NO. 17 INFOR		ADDRESSE	dgemere, M	Md. 21219
1	Yes W	VI 213/0	9/0182 Will:	lam M. Hav	vorsen, Jr. 3		
1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line far (a)	(b) onghe	82/6		BETWEEN	ONSET AND DEATH
1		TE CAUSE (o)	Marila	2000			
1		DUE TO, OR AS A CO	NSEQUENCE OF				
1	Conditions, if ony, which	((b)					
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF				
1	underlying cause last	(6)	NSEGOENCE OF				
1	PARTY OTHER SIGNIFICANT	CONTRIBU)	NG TO DEATH BYTHOT LELA	TED TO THE TERMIN	AL DISEASE OR CONDITIC	ON GIVEN IN PART 1	0
	3 (1) A7UV	0) UH				
7	THE DESCRIPTION 210. ACCIDENT WAS UNDERLYING [19b. CONDITION FOR	WHICH OPERATION WAS PEI	REORMED		. IF YES, WERE FINDIN CERTIFYING CAUSES	
	41				YES NO	YES [NO 🗌
٦	OR COLUMNIC COLO TO CALLER OF DE	216. TIME OF INJURY	TH DAY YEAR	INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	EM IB PART I OR PART 2)	
1	OR CONTRIBUTING CAUSE OF DE	AIH	19				
1	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY		ATION REET	CITY OF TOWN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK	The state of the s	, Grice, rain, ever	(10)	15		
١	22a.1 certify that (1) othis hosp		from	1980	_, to	19.87	that (I) (we) lost
1	saw the deceased alive or	of wew the body offer dear	19_87_, and that in (i	my) (our) opinian de	oth occurred on the date a	nd hour and from the	couses stated
1	776 SIGNATURE	100110	DEGREE		,	27c DATE	SIGNAPLO L.
	1000	and or	(10. D.		MEDICAL STAFF DIRECTOR PHYSICIAN	2	10/817
1	274 PHYSICIAN'S NAME (1119)	P PROVIDE A	22e ADD	RESS		1	1
	Elmo M. Gayos	sb, MD	5413	Old Fred	derick Rd./ B	Balto., Md.	. 21229
1	230 BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION		
	Burial (2/9/1987	Gardens of F		Rosedale.	, Maryland	STATE
	24 FUNERAL DIRECTOR			25a DATE F	RECT: BX REGISTRAR 25b		
	Walter Brooks B	radley, Inc.	Balto., Md. 2	1222 FF	B 6 1987 8	wha panders	Contract

DHMH - 16 60M 7/84 (VRA 15, 4)



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	4	D	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 hay be	retained by the hospital or ottending physician.
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(VRA 15, 4)

F 1 550	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 /		3 /	20
5 FEB -		EASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
poge 3			RGINIA A		HAMMOND		2 1	87	8:05 _{A м}
offer de	3. SEX		4 RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	# UNDER 24 HRS HOURS MIN.
directe hours o		FEMALE	WHITE	APR	IL 30, 1917	69	YRS		
onerol on 72	Ť	RTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	75. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIEI		BALTIMORE CITY O	COUNTY	1	MD.
by the fi		TOWS ON	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET GBMC - 6701 N	ORTH (120 USUAL OCCUPATION OF STATE OF WORK FOR MOST OF HOMEMAK	F WORKING LIFE)		F BUSINESS OR
filled in acid be in more be	13a S		OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY OF TOWN 21234		13d INSIDE CITY LIMITS?	1736 RED	V ZIP CODE A	VENU	E 21234
mplerety (% selection)		THER'S NAME VILLIAM K	WALKER WALKER	19	15. MOTHER'S MAIDEN NAM	AE MIDDLE	McI	EARÑ'	ī
Pages 1	16a V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECTOR SINE WAR OR DATES) 230-07-		CHARLES J.	HAMMOND1	ss 2	1234	
en tipped the offerding portion of the control of t	NOIL	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse tost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) T CONDITIONS CONTRIBUTING TO	ENCE OF					
hos bermitene pri	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	OF DEATH?
veriol-trons wentol Hyg	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C JIF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
frer this os the b h and A	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO		COUNTY	STATE
DIRECTOR: All oched for use Dept. of Healt liftern 21 is ma		sow the deceased alive of	spital) attended the depapsed from on 19 not were the body after depth.		1/30 19 87 Indition (my) (our) opinion of the company of the comp	death occurred on the	ote and hour or	22c. DATE	SIGNED
TO FUNERAL should be detroited by the Stote IMPORTANT:		72d. PHYSICI IN'S NAME (17P)	E OR PRINT)		PHYSICIAN [DIRECTOR PHYSIC	IAN	9.	1/87
ē ⊭#3 ₹ 3P		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY ND MEM. PARI	Z3d LOCATION CITY OF TOWN BALTIM	ORE CÓ	OUNTY MI	D STATE
AH - 16 60M 7/B4		JNERAL DIRECTOR	ADDRESS	7.15		REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATI	URE
(VRA 15, 4)	WI	ILLIAM E. JO	HNSON8521 TOCK	I DAT	EN BIVD FFA	102 1007	1.0 0		0

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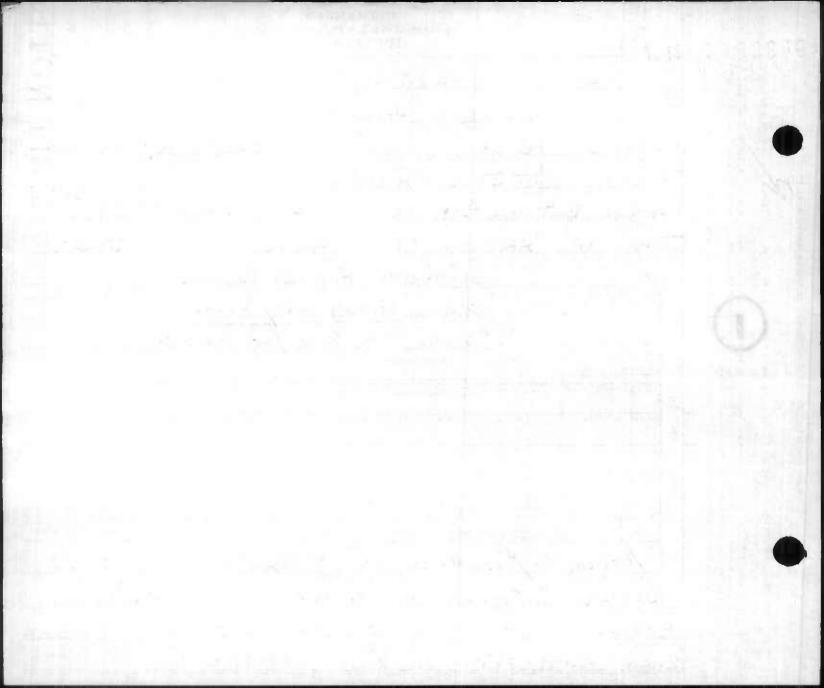
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STATE OF MARYLAND

	1 -	FOR STATE	DEPARTM		EALTH AND MENTAL HYGIE	ENE S	00	8	Ga 4
2	H	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.		
		EASED NAME FIRST	MIDDLE	i	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	LITPE	OR PRINTI	W. HADO	6.25	OIR	FERRUAG	UE 19	PR	M
1	3. SEX		RACE	5. DATE C	OF BIRTH 6	AGE (IN YEARS LAST BIR	IHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
-1	_	21000		MONTH		1.1	MONT	15 DATS	HOURS MIN.
ŀ	1- S	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	APR	17 18 1390	BALTIMORE CITY O	P COUNTY OF I	DEATH	00
	ma	OUNTRY	CHIZEN OF WHAT COUNTRY!	MARRIE	NEVER MARRIED	O	K COOM TOP	DEATH.	1300
		ARYLAND	U.S.A.	WIDOWE		BALLIM	0R2,111	ARYL	AND MD.
2	10 CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 			12a USUAL OCCUPATION OF OF WORK FOR MOST O			BUSINESS OR
5	10	noswi	KASSOL TO	Hos	PITAL				
		AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE		111 BUSINE CITY HAUTES	ADDDECC	ZID CODE	2	412314
		RYLAND BALT	CITY OR TOWN	9	13d INSIDE CITY LIMITS?	30. STREET ADDRESS	ZIP CODE	RN	20
-		THER'S NAME	MONE II HIKIN IS	-	15. MOTHER'S MAIDEN NAM		NI COOLL	- 1101	
7)	7		DDLE LAST		FIRST	WIDDLE		LAST	
4	7<	W.	HAMIGAN,	JK.	HOUIS	ADDRE	CC	700	62
		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECUR	IIIY NO.	17 INFORMANT	0	.33		
		10	B12142	190	-AMILY	KICOROS			
		18 CAUSE OF DEATH (Enter only	ane cause per line for 101, (b), and	101.1		,		APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
ч		PART I. DEATH WAS CAUSED IMMEDIATE		Con	mary artery	1) creau			
		MANTEDIATE			10				
- 1		Conductive of the last	DUE TO, OR AS A CONSEQUE	19 9n-	butter to	m Denes	a i		
		Conditions, if any, which gove rise to immediate	(b) / William	0,011	werning Ju	1 / scaco	-		
		cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		/			
		underlying cause last.	(c)						
- 1		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN I	PART IIa	
	CERTIFICATION								
5	AT	19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
7	IFI					YES NOT	IN CERTIFYING		NO []
4	ERT	210. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		21c HOW INJURY OCCURRE				
71		OR CONTRIBUTING CAUSE OF DEATH	HOUR ALL HONELL DA	Y YEAR	THE THE STATE OF COMME	(EIVIEW INDICATE OF MAJOR	The fight of the control of the cont	OK THAT I	
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OR TO	wn	OUNTY	STATE
- 1	2	AT WORK AT WORK		,					
		22a I certify that (I) (this hospita	il) attended the deceased from		, 19	to	. 19_	, th	iat (I) (we) last
		saw he deceased alive an_	19	, 01	nd that in (my) (our) opinion de	eath occurred on the de	ate and haur and	fram the co	ouses stated
- 9			view the body after death.				-		CHED
			.1		DEGREE			224 DATES	IGNED
		22b. SIGNATURE	A. Gul		DEGREE ATTENDING	MEDICAL STAI		22c DATES	1. 7
		22b. SIGNATURE	Kirulande		ATTENDING PHYSICIAN	MEDICAL STAI		2/9	17.
7	i i		Kiruleisle			MEDICAL STAL DIRECTOR PHYSIC		270 DATES	77.
/		22b. SIGNATURE	Kowalzwsk	<u> </u>	ATTENDING PHYSICIAN	MEDICAL STAIL DIRECTOR PHYSIC		2/9	17 · _
7		226. SIGNATURE TOULY (22d. PHYSICIAN'S NAME (TYPE OR DR. DR. DR. D URIAL, CREMATION, REMOVAL	. KOWALEWSH	AME OF C	ATTENDING PHYSICIAN	TORO ROA	o-Par	2/9 2/4	17.
7	0	22d. PHYSICIAN'S NAME (1YPE OR DR. DR. DR. DR. DURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 236 N	AME OF C	ATTENDING PHYSICIAN X 220 ADDRESS SHOULD HARF	ORO ROA	O-PAR	2/9 2/1)	17.
7	B	226. SIGNATURE TOULY (22d. PHYSICIAN'S NAME (TYPE OR DR. DR. DR. D URIAL, CREMATION, REMOVAL	. KOWALEWSH	w Co	ATTENDING PHYSICIAN XI 1220 ADDRESS 8504 HARE EMETERY OR CREMATORY ATTHEORIAL	ORO ROA	ore	2/9 RKVIJ	17.

DHMH - 16 60M 7/8-(VRA 15, 4)

BP.



filled in by the funeral director, page 3, solid be filed within 72 hours after death

medicol

TO FUNEFAL DIRECTOR: After this certificals has been lighted to the partial be detached for use as the buriol-training permit. Then partial the State Dept. of Health and Mental Hygiene prior to bur MPORTA-IT: If hem 21 is marked or Item 18 share any injury.

OR ATTENDING PHYSICIAN: The

emined by the hospital or attending physician

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

may be

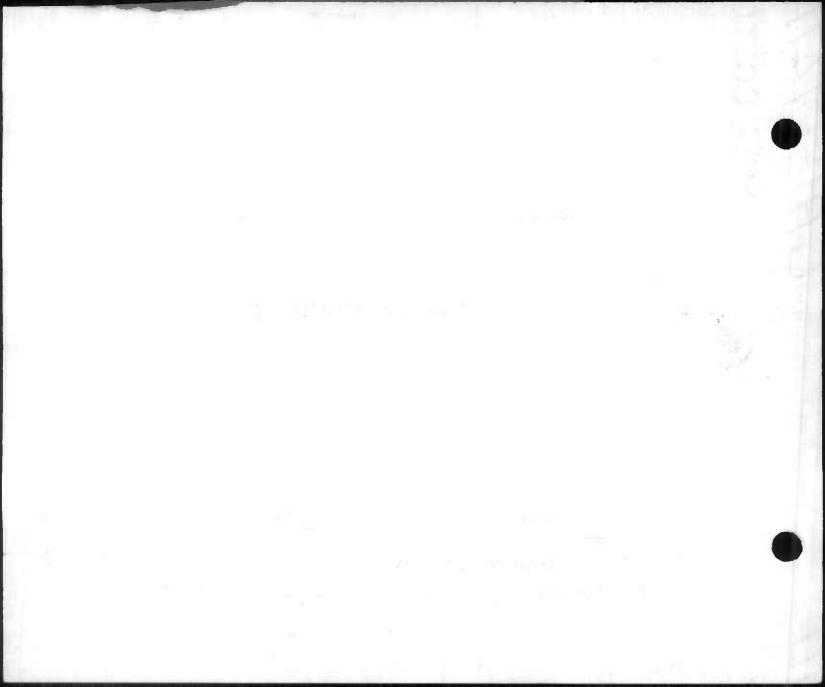
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH

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н		REGISTRAR				CERTI	ICAIL OI D	LINE		REG. NO).				
-	DEC	CEASED NAME	FIRST	,	AIDDLE	į	ASI		20 DATE OF D	ATH ^	MONTH	DAY	YEAR	2h HO	UR
			Jakul	0 (2.	Har	chut		I	Peb.	28	3. 19	987		M
	3. SE)	X		4. RACE		5. DATE C			6. AGE IN YEAR	S LAST BIRTH	HDAY)		ERTYEAR		FR 24 HRS
		Male		TaTh -	ite	MONTH 7	9- 1894	YEAR	92		YRS	MONTHS	DAYS	HOURS	MIN.
)	7a. BII	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8			9. BALTIMORE	CITY OF		Y OF DE	HTA		
		COUNTRY)		TICA		WIDOWE	D NEVER M	ORCED	Dolling	200 (Count				MD.
		Poland Ty or town of dea	ATH		OSPITAL, NURSIN	NG HOME C	M-U		Baltimo	CUPATIC	ON	12b	KINDO	F BUSIN	
	773.				H FACILITY, GIVE STREET				(TYPE OF WORK FO		WORKING I	, , , , ,	DUSTRY	01	
		<u>ngsville</u> AL RESIDENCE (IF NURS	ING HOME OR	11800		Rd.			Labore	<u>r</u>		1 8	eth.	Ste	56T
	13a S	STATE	13b COUN	TY	13c. CITY OR TOW	/N	134 INSIDE CI	_	13e.STREET AD			DE	2	1x	0-7
_	-	Md . ATHER'S NAME	Balt	imore	Kingsvi	lle	YES _	NO [c]		hapr	nan F	Rd.	9	101	1/
	14 FA	FIRST	^	AIDDLE	LAST		15. MOTHER'S	IRST		AIDDLE			LAS	ī	
		Joseph			Harchu			roline					Boch	nial	5
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMAL	NT.		ADDRES	55				
	1	No			216-09-7	004	Genevi	eve Le	dbetter	5811	1 Ari	zona	a Av	e	
		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), an	id (c)			4,				APPROXI	MATE INTO	ERVAL ID DEATH
		PART I. DE ATH W		DBY. ECAUSE(o)	acute	nu	forcad	tall in	yerctu	M					
П	П	İ		DUE TO O	R AS A CONSEQUE	ENCE OF			V						
u	ш	Conditions, if ony,	which	(1b)	/ AS A CONSEGRO	1-561	1.12								
		gove rise to imm	nediote	DUE TO O	R AS A CONSEQUE	ENCE OF									
		underlying couse		100000	CAS A CONSEQUE	ENCE OF									
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE C	OR COND	ITION G	IVEN IN	PART 11c		
	8														
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	MED	200 AUTOPS	,γ?			E FINDIN		
7	풀								YES 🗆 N	юП		IFYING (CAUSES	OF DEA	
	8	21a. ACCIDENT WAS UNI	DERLYING	216 TIME O	F INJURY		ZIE HOW IN.	URY OCCURR	RED (ENTER NATUR				PART 2)		
1		OR CONTRIBUTING		n	M. MONTH D										
	MEDICAL	214 INJURY OCCUR		P.I		19	711 LOCATIO	N							
	ME	WHILE TO NOT WE	THE T		EET, FACTORY, OFFICE, F	ARM, ETC)	STREET			ITY OR TOW	VP4	(0	YTAUC		STATE
		22a.1 certify that (I)		4	1 11			19.7/			2)	10 /	-7	1	40
		sow the deceosi		or, a rrended in	2 19	\$7 0	nd that in (my)		deoth occurred o	n the day	te and he	19			totad
		obove, (I) and the		view the body	ofter death.		DEGREE			Time da			2c DATE		
		TO SIGNATURE	20	94	. On 10	10	A	TENDING	MEDICAL	STAFF		1"	O AIE) _ C	
,		Nig	John	man	0 81.00	(3)	Р	HYSICIAN 🗹	DIRECTOR	PHYSICI	IAN 🗌		20	ng	7_
		22d. PHYSICIAN'S N	AME (TYPE OF	PRINT)		. 2	22e ADDRESS	1	_	2					
		173.01	1 LMI	SANO	JK. N	15)	1714	- Annt	ORD 1	70					
	23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR C	REMATORY	234 LOCATE			COUN	VIY		STATE
		Burial		3 3 8	37 St	Sta	nislaus	Cemet		timo	re			Md	
		INERAL DIRECTOR			ADDRESS			25n DATE	E REC'D BY REC			TRAR'S	SIONAT	URE	Large

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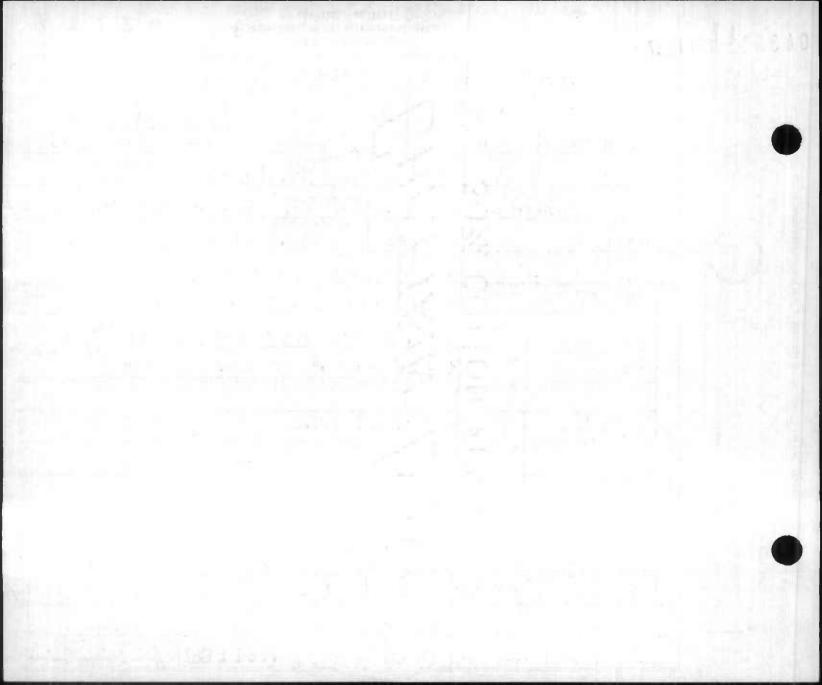
	3 8	FOR STATE REGISTRAR			HEALTH AND MENTAL	0 ,	() 3 EG. NO.	1 6	. 9	
-		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEA		YEAR 2	h HOUR	_
	(TYPE	ORPRINT) Elizabe	eth Do	rllas	HARRIS	02/10/	87		1.15	- A
	3 SEX	FEMALE	1 RACE White	S. DATE C	H DAY YEAR	6 AGE (IN YEARS			HOURS M	AIN.
)	C	RTHPLACE (STATE OR FOREIGN OUNTRY) JORTH CAROLINA	AMERI	CAN WIDOW	ED NEVER MARRIED	BA	LTIMOR	COU	ntv	MD
1	10 CI1	TY OR TOWN OF DEATH	11. NAME OF HOSPIT		OR OTHER INSTITUTION	120 USUAL OCC	MOST OF WORKING, LIFE)	126. KIND OF I		
4		RESIDENCE (IF NURSING HOME OF TATE 136 COUR	R OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSION) TY OR TOWN	1 4	TS? 13e.STREET ADD	RESS / 7IP CODE	H	COURS OSP.	
		MU BA	LTIMOUS La	nsdowne'	YES NO	2	TAZEL.	AVE	212	127
	14. FA	THER'S NAME FIRST HARLES	MIDDLE CRIC	KMORE	15. MOTHER'S MAIDE	- MI	DDIE	HARI	RIS	
	160 W	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SC	OCIAL SECURITY NO.	17 INFORMANT		ADDRESS			
	(1	ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	8 18 3435	David Harr	cis 3023 Lo	ouisianna		1227	_
		Canditions, if any, which	TE CAUSE (o)		METAS	Y ARR	(Multiple)	APPROXIMA BETWEEN ON	Yr.	TH -
		gave rise to immediate couse (a), stating the underlying cause lost.	(c)	CAR CONSEQUENCE OF		COLON ((CAECUM)	five	: No	(A) (A)
	NO	PART 2 OTHER SIGNIFICANT	conditions <u>contrib</u>	UTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVEN	IN PART Ito		
)	CERTIFICATION	190 DATE OF OPERATION	Per fora	te) Canc		200 AUTOPSY YES NO		VERE FINDING NG CAUSES O		
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. M			CCURRED (ENTER NATURE	DE INJURY IN ITEM 18 PART	T OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACT	URY TORY, OFFICE FARM, ETC.)	21f LOCATION STREET	·CIT	Y OR TOWN	COUNTY	STATE	E
		220 I certify that (I) (this hasp sow the deceased alive ar above, (I) (we) (did) Idid no	n	19 o	nd that in (my) (aur) ap	, to		, the		
		226. SIGNATURE	الم	com.	DEGREE ATTENDI	ING MEDICAL IAN MODIFICATION TO F	STAFF PHYSICIAN [224 DATE SI	GNED 0/8	7
		22d. PHYSICIAN'S NAME (TYPE O	PARIKH	, MI)	170 ADDRESS 4713,	LEEDS	ANE	CH, 2	212	127
		URIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF	CEMETERY OR CREMAT	ORY 234 LOCATIO		OUNTY	STATE	F
	,	Burial	2/12/87	Harris	Fam. Cem.	Pine 7		gecroni	1017416	

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
FEB 1 1 1987 Julia Dividion Rudges



04432

STATE	0F	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	U	J	- 6		
REG. N	10.				
FDEATH	MONTH	DAY	YEAR	26 HC	UR
2/0	6/	17		11	A

5	1/7	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYGI	IENE 8 /	0 3	13	U
	(TYPE	OR PRINT)	., ,	ES	H.	t	HARRIS	02/0	MONTH DAY	11	/ m
	3. SEX	F		RACE)	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS	HS DAYS HOU	IDER 24 HRS RS MIN.
3	3	EOUNTRY)		U.	S, A.	WIDOWE		BALTINORE CITY O	RCOUNTY OF	Coun	-4 MD.
2	-	TOWNOFDEA		JE NOT IN SUCI	JOSEP	DDRESS) +	to SPITAL	TYPE OF WORK FOR MOST OF	F WORKING (IFE)	26 KIND OF BUS NDUSTRY	SIDESS OR
5	13a. S	Md.	136 COUNTY Balti	1	BALTO		YES NO	1839 EAST	AUE AUE	2122	2
Č	A	THER'S NAME FIRST	- 145		umbrowsky		15. MOTHER'S MAIDEN NAM FIRST Catherine	AL	Kaipha	LAST	
		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		166 SOCIAL SECUR 219-30-		Thomas A.	Harris, Sr.			
		Conditions, if ony, gave rise to imm couse (o), stating underlying couse	which dedicate g the lost.	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI	T Cross		APPROXUMATE BETWEEN ONSET	MAND DEATH
7	CERTIFICATION	19a. DATE OF OPERAT	10N	196 CONDI	TION FOR WHICH (OPERATIO	n was performed	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING	ERE FINDINGS U G CAUSES OF D	ISED EATH?
1	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORE AI WOR	AUSE OF DEATH ALEXAMINER)	P.A	M. MONTH DA M.	19	21c. HOW INJURY OCCURRI 21s LOCATION STREET	ED (ENTER NATURE OF INJUI		ORPART 2)	STATE
		27a 1 certify that (1) sow the decease above, (1) (we) (d 27b. SIGNATURE	d olive onid) (did not) v	the body	19 8		nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 272e ADDRESS	MEDICAL STAI	FF _	,	
	13.5				CMD		7620 %	11 01			

DHMH - 16 60M 7/84 (VRA 15, 4)

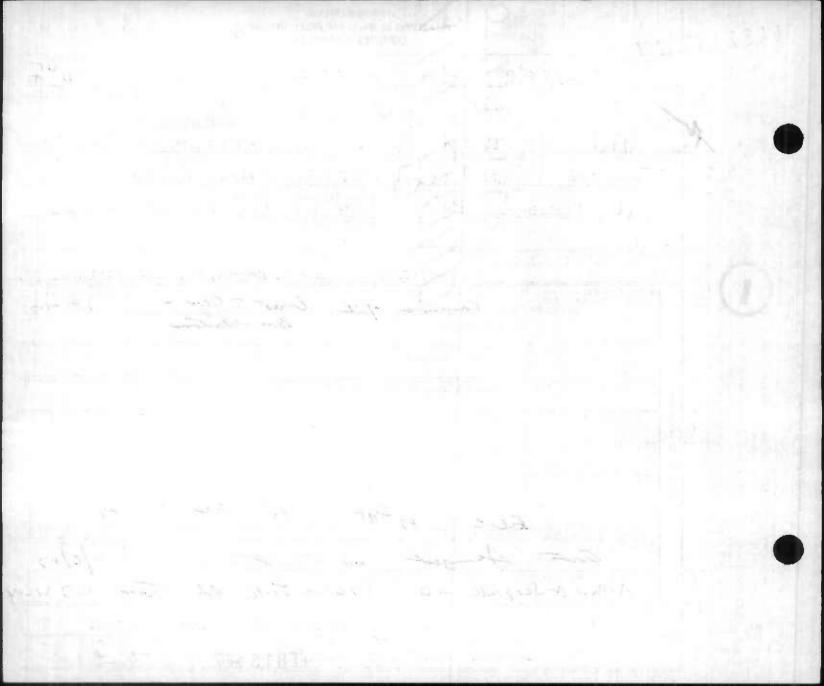
Burial 2-11-87

(SPECIFY)

Sacred Heart of Jesus

Baltimore, Maryland

Funeral Home of Dundalk 24 FUNERAL DIRECTOR Dundalk, MD 7922 Wise Ave. 21222 FB



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YESX

5. DATE OF BIRTH

WIDOWEDKI

76. CITIZEN OF WHAT COUNTRY?

DUE TO, OR AS A CONSEQUE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELAT

THE TIME OF INJURY

THE PLACE OF INJURY

ew the body after death

DUE TO, OR AS A CONSEQUENCE

HOUR A.M. MONTH DAY YEAR

AT HOME, SIMEET, FACTORY, OFFICE, FARM, EYE I

COUNTY

Jerome Ellsworth Buckingham

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

22a.1 certify that (I) (this hospital) ottended the deceased from

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I, DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse

THE DATE OF OPERATION

21st ACCIDENT WAS UNDERLYING. [1]

OF CONTRIBUTING THE CAUSE OF BEATH

LE ESTREA NOTES MEDIC IN TRAMPORT THE INJURY OCCUPRED

WHAT I NOT HOME I

Meridian Nursing Home

218 22 0547

Baltimore

2a DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

26 HOUR

BALTHMORE, CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE HOUSEW FEVORKING LIFE) INDUSTRY 13. STREET ADDRESS 1707 N. Hilton St. 21216 13d. INSIDE CITY LIMITS? NO 15 MOTHER'S MAIDEN NAME Tabitha Ann Johnson 17 INFORMANT Mr. Linwood Shiflett 1608 Taylor Ave. 21234 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ILE WE CONDITION FOR WHICH OPERATION WAS PERFORMED 766 IF YES, WERE FINDINGS USED 78s AUTOPS17 IN CERTIFYING CAUSES OF DEATH? NO YES I THE HOW INJURY OCCURRED. [ENTER NATURE OF PAURI IN COM HE PART I OR PART IS TH LOCATION CITY OF TOWN COUNTY STATE our) opinida death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY Lorraine Park Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CERTIFICATION

- STATE

TYPE CHEMING

1. SEX

T REGISTRAR DECEASED NAME

Maryland

Maryland

4. FATHER'S NAME

00 0 should be deto with the Stote [FUNERAL MPORTANT

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DHMH - 16 50M 1/81 HARRY H WITZKE & FAMILY (VRA 15, 4) FUNERAL HOME, INC.

Feb.

4112 OLD COLUMBIA PIKE

DEGREE

Solitanous. offit of confident total Tebision Aca Johnson Landenthead dirocally secret. 218 22 0547 Barr. Lineson Suldare 160% RABET . VITE S. ALLO COLUMBIA PIA PARTE IN COLUMBIA PARTE IN COLUM FEB

STATE OF MARYLAND	. 00	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	-
CERTIFICATE OF DEATH	5	

8	7	G	3	1	3	
	REG. NO.					

	1-	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG	IENE 8 / REG. N	0	3 /	3 2
-		CEASED NAME FIRST I		ARLES		HAEFFNER	20 DATE OF DEATH	MONTH DA	o, 1987	26 HOUR 11:40 PM
	3 SEX		4 RACE			of Birth ober 5, 1898	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Š	I BII	Male RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	8		9 BALTIMORE CITY O	YRS.	DE DEATH	
1		Maryland	U.S.		MARRIE	ED NEVER MARRIED X	BALTI		Cou	
)		TOWSON	Stella	Maris Ho	SPICE		Shipping		126. KIND O INDUSTRY	eles
		AL RESIDENCE (IF NURSING HOME O TATE 136 COU ryland Balt	rother institution. NTY cimore	GIVE RESIDENCE BEFOR 134. CITY OR TOW Parkvi		YES NO TO	13a STREET ADDRESS 2301 Pentl	zip code and Dr	ive 21	.234
7	14. FA	John Ar	nthony	Haeffne	er	Marie	ME Cather	rine	Schr	heider
	16a W	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	217-05-3		C.M.Calwell 2	ADDR 48 Gaywood		1212	
		Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OF	R AS A CONSEQUE CONGES R AS A CONSEQUE CONTRIBUTING TO	TIVE ENCE OF			DITION GIVEN	V IN PART 1	q
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	NGS USED OF DEATH?
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) P./	M. MONTH D	AF EAR	21c HOW INJURY OCCURR			7 I OR PART 2)	STATE
	W	WHILE NOT WHILE 22a I certify that (I) (this hosp	oital) attended the	e deceased from	10-	10 19.80		0, 19	87	that (I) (we) lost
		saw the deceosed alive o abave, (1) (we) (did) (did n 22b. SIGNATURE	nat) view the bady	after death	0 /	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE	
/		22d. PHYSICIAN'S NAME (TYPE		HUDA		STELL	Dulaney Val	ley Ro	ad 212	204
	23a. 8	BURIAL, CREMATION, REMOVAL SPECIETY BURIAL		23c.		CEMETERY OR CREMATORY Oly Redeemer	23d LOCATION CITY OF TOWN Baltimore		COUNTY	STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

etoined by the haspital or attending physician.

BP.

morked at Hem 18 shows any injury, or other troumatic ev

IMPORTANT: If Item 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

Most Holy Redeemer 24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home 6500 York Road 21212

FEB13

ner Baltimore City Maryland
250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

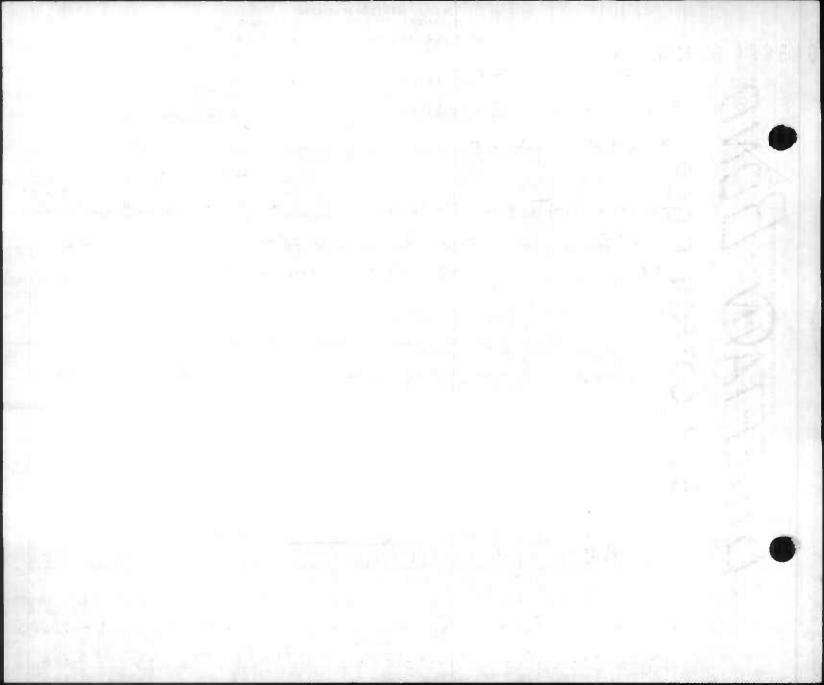
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7 8	ch	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	0 /	O	3 /	3 3
1 1	DE	EASED NAME	FIRST	A	AIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		Edn			I.	He	inze		uary 24.	1987	N
	1.5E			1 RACE		S. DATE (6 AGE (IN YEARS LAS	I BIRTHDAY)	UNDER I YEAR	HOURS MIN.
V	F	emale		Whi	te		25, 1895	91	YRS.		, solid
190		RTHPLACE (STATE ORFO	REIGN	TE CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY C	OF DEATH	
1	1	laryland		U.S	.A.	WIDOWI	DI DIVORCED	Baltimon	re Count	7	WE
8	9	TY OR TOWN OF DEA	/	St. J	oseph E	lospital	or other institution	(TYPE OF WORK FOR MC	ST OF WORKING LIFE)	12b. KIND (INDUSTRY	OF BUSINESS OR
3		AL RESIDENCE (IF NURSINTATE	13h COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BI 130 CITY OR T Balti		134 INSIDE CITY LIMITS? YES A NO	13. STREET ADDRES	ss / ZIP CODE	Road	21229
31	14. FA	THER'S NAME	N	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LA	61
1) I	dward			Hein	ze	Mary	Middle		chwinn	
0	160 V	AS DECEASED EVER		MED FORCES?	16b SOCIALS	ECURITY NO	17 INFORMANT	AD	DRESS		
1	1	(ES, NO OR UNKNOWN)	111 123 0112	WAR OR DATES!	216-1	0-5288	Miss Marie	Heinze s	same as	13e	
A CONTRACTOR OF THE CONTRACTOR		Conditions, if ony, gove rise to imm couse 101, stating underlying couse	ediote the lost.	((c)_			SCREUT C				
_	FICATION	190 DATE OF OPERAT	w	ta	Con	人 USU COEDATIO	NWAS PERFORMED	200 AUTOPS	20h IF YES,	AVE DE EN IDI	100.1000
1	RTHE					IICH OPEKATIC	IN WAS PERFORMED	YES NO	IN CERTIFY	NG CAUSES	S OF DEATH?
9	MEDICAL CES	P10. ACCIDENT WAS UNDER OR CONTRIBUTING CO. (IF EITHER NOTIFY MEDIC 21d INJURY OCCURRI	AUSE OF DEAT AL EXAMINER) ED	P./ 21e PLACE (M. MONTH	DAY YEAR 19 (ICE, FARM, ETC.)	216. HOW INJURY OCCUR		njury 194 ITEM 18 PAR	COUNTY	STATE
		22a. I certify that (I) (sow the decease obove, (I) (we) (di	this hospited	7.1	70	9 \$,0	, 19	MEDICAL S	TAFF	and from the	that (I) (we) last couses stated SIGNED
1		224 PHYSICIAN'S NA	ME (TYPE OR	PRINT)		2616	22e ADDRESS	DIRECTOR PHY	SICIAN [
		/ Gracito		icio M	D		2926 E. Co.	ld Spring	Lane Bal	timor	e, Md.
1	Ē	URIAL, CREMATION, R Urial	REMOVAL	23b. DATE 02/26/			ore Cemetery	23d LOCATION CITY OR TOWN Baltin	nore Cit	y, Mai	ryland
104	24 FL	INERAL DIRECTOR					250 DA	TE REC'D. BY REGISTR	AR 256 REGISTR	AR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

tymole . F



DHMH - 16 60M 7

(VRA 15, 4)

	STATE	OF MAI	RYLAND	1000
DEPARTMEN	T OF HE	ALTH A	ND MENTAL	HYGH
			TE DEATH	U

7 03735

13	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND I CERTIFICATE OF D		REG. NO	133
	CEASED NAME FIRST MAY	y W	Herm	20 DATE C	25	7 87 5:05
3. SEX	* Female "	RACE White	5. DATE OF BIRTH	. O9.	A	IF UNDER 1 YEAR IF UNDER 24
2	COUNTRY) MO	CITIZEN OF WHAT COUNTRY?	WIDOWED DI	MARRIED U	ORE CITY OR COUNTY	p.
	towson	1. NAME OF HOSPITAL, NURSIN	Dh. HOSO:	1 A TYPE OF WO	LOCCUPATION DORK FOR MOST OF WORKING LIN O. TRansit	126 KIND OF BUSINESS INDUSTRY REtire
13a. S	AL RESIDENCE (IF NURSING HOME OR OI STATE 136 COUNTY		vn 13d Inside C	NO □ 5818	ADDRESS / ZIP CODE CEdonia Av	
1	Charles W			s maiden name first Dorothy	MIDDLE F11	nk
	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 214-24-		orothy A. Dr	ost-8 DE1gr	een Ct2123
NOI	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED		TOPSY? 20b. IF YES	, WERE FINDINGS USED
FICAT	190. DATE OF OPERATION					YING CAUSES OF DEATH
SAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		YEAR 19	YES	NO YES	NO 🗌
MEDICAL CERTIFICAT	2)a. ACCIDENT WAS UNDERLYING		19 21f. LOCATK	JURY OCCURRED (ENTER)	NO YES	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE. 1) ottended the deceased from	19 21f. LOCATIK STREET	ON to to to the standard of th	NOT YES NATURE OF INJURNIN ITEM 18 PA	NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 220.1 certify that (I) (this hospito sow the deceased alive an above, (I) (we) (did) (did) and	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE. 1) ottended the deceased from view the body after death.	AY YEAR 19 21f. LOCATIK STREET and they in my DEGREE 22e ADDRES	ATTENDING MEDICA PHYSICIAN DIRECTO	NO YES NATURE OF INJURNIN ITEM 18 PA	COUNTY STATE COUNTY STATE That (I) (we and from the causes state
WEDICAL MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 270. I certify that (I) (this hospita sow the deceased alive an above, (I) (we) (did) (did nat) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR P	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE. 1) ottended the deceased from view the body after death. S - SHAMM PRINT) E L-HC N 23b. DATE 23c.	AY YEAR 19 21f. LOCATIK STREET and they in my DEGREE 22e ADDRES	ATTENDING MEDICA PHYSICIAN DIRECTO	NO YES NATURE OF INJURNIN ITEM IB. PA CITY OR TOWN red on the date and haur L STAFF	COUNTY STAIL

55650 mam 7911 Marry W AR 2 18 17 5 Like your report to the year. Carre Dr. Warner Araba which had make prise

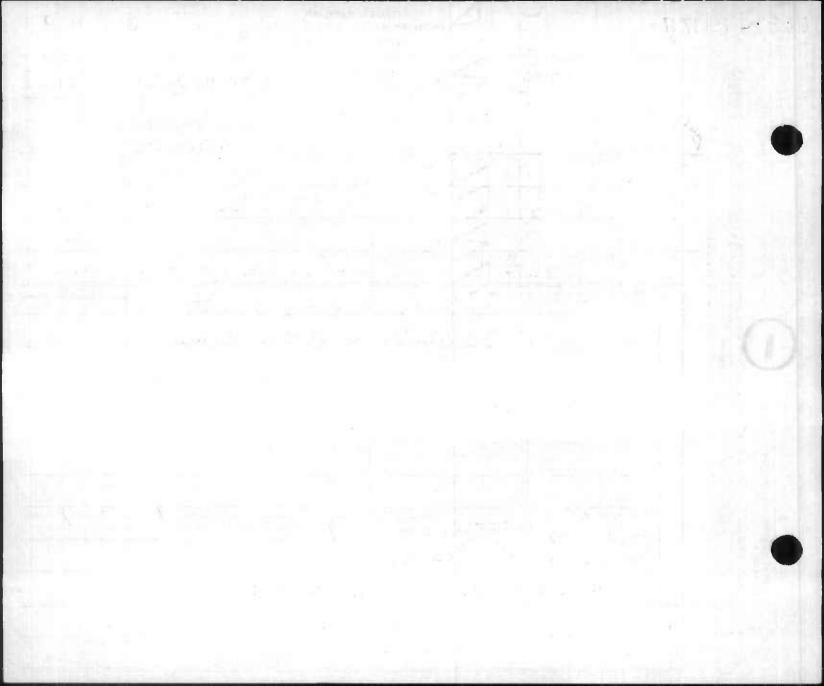
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	REG. NO.		
-		_	

44310 FEB 17	1 -	FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 3	7	3 6
y be oge 3 deoth		CEASED NAME ORPRINT)	Norr		H.		ROLD	February 9		YEAR	26 HOUR 9:30 PM
office 4	3. SEX	x male		4 RACE whit	e	5. DATE C	-21-23 YEAR	6 AGE LIN YEARS LAST BIRT		THS DAYS	HOURS MIN.
Jeoth. Poge	Ba	RTHPLACE (STATE OR LOUNTRY)		USA	WHAT COUNTRY?	WIDOWE		Baltimore city o			MD.
by the f	Ro	ssville		(IF NOT IN SUC Frank	the facility, give street at 1 in Squar	re Hos	or other institution spital	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF PIPE Mechan		126 KIND OF INDUSTRY EXXON	F BUSINESS OR
BALTIMORE, MARYLAND 21201 on be executed within 24 hours or completely filled in by the fi	13a. S	AL RESIDENCE (IF NUR: STATE ID	13b. COUI Balte	NTY	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO A	4512 Spring	ZIP CODE A	ve. 21	.206
MARYL sed within the winterest within the within the within the within the within the wi)	Carl		MIDDLE	Herold		IS. MOTHER'S MAIDEN NA/ L'illiar	MIDDLE		Brend	iel
IMORE, on ond co. Pages I Pages I .		VAS DECEASED EVER YES, NO OR UNKNOWN) 25	LIF YES OF	MED FORCES? VE WAR OR DATES) Army	216-12-62		Grace A. Hero	old, 4512 Sp		od Ave	. 21206
5, 201 W. PRESTON ST dires that the dilate arrell an please terrose carbon buriol, (compility, or other traumatic es-	7	Conditions, if ony gove rise to im- couse (o), statis underlying couse PART 2 OTHER SIG	, which mediate ng the last.	DUE TO, O	A STATE OF THE STA	NCE OF	Le ou of the term	a Brain	DITION GIVEN	IN PART 14a	
AL RECORD The low-required persons The low been a low been a low persons The games persons and the games and the gam	CERTIFICATION	190 DATE OF OPERA		196 COND		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
DIVISION OF VITAL RECORDS JING PHYSICIAN The loc requir or other this certificati flux been in e as the buriol-trons permit. The oth and Meena i Hyg permit the marked or frem 18 share any might	MEDICAL CE	210 ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d INJURY OCCUR WHILE NOT W AT WORK	CAUSE OF DE.	HOUR A. R) P. 21e. PLACE	M. MONTH DA M.	19	211 LOCATION STREET	CITY OR TO		ORPART 2}	STATE
COR ATTENDI the hospitol or toched for use to Directors. A social of Heal		270. I certify that (A) saw the decease shave. (It (we) (tal) attended the Februa of view the body		87_,	nd that in (rty) (our) apinion of DEGREE ATTENDING	death occurred on the do	F _	8/	
TO HOSPITAL TO FUNERAL should be det with the Store		22d PHYSICIAN'S N Davio		Cook , M	.D.		22e ADDRESS 1205 York Ro				
BP	Bu	BURIAL, CREMATION, SPECIFY) rial		2-13-	87 Pa	rkwoo	emetery or crematory d Cemetery	Balto.		Balto.	
DHMH - 16 60M 7/84	Jo Jo	neral director nn ~G. Mill	er, I	nc., 64	15 Belair	Rd.	21206 250 DAT	E REC'D. BY REGISTRAR		S SIGNATU	JRE

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DHMH - 16 60M 7/84 (VRA 15, 4)

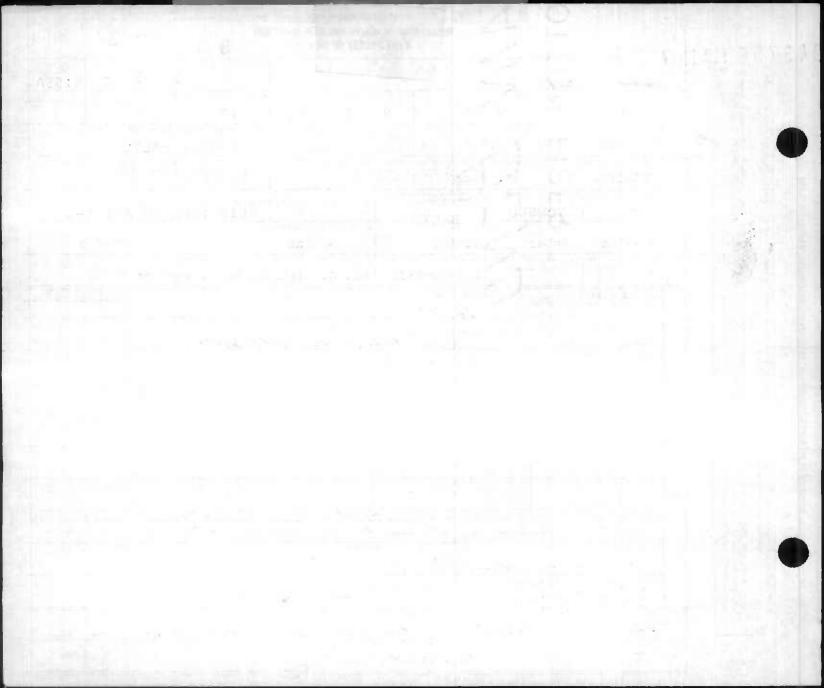


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR				HEALTH AND MENTAL HYG	IENE 8 RES. N	. 0	3	1 5 1
	DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
Г	TRE	NE	C	HETZ		1	2 1	87	9:53Am
1	SEX	1 RACE	1	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HRS
L	Female	Wh	ite	2	12 03	83	YRS	ONTHS DAYS	HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	AA A DD IE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
L	Maryland	U.	S.A.	WIDOW	- / \	COUNT	BAL	го	MD
10	TOWSON	11. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET AD JOSEPH'S H	HOME (or other institution .tal	120 USUAL OCCUPAT (TYPE DE WORK FOR MOST O HOMEMAKE		12b. KIND C	OF BUSINESS OR
1	1,0		GIVE RESIDENCE BEFORE AI		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS . 8013 YOF		APT (1204
1	Charles Re	obert	Gettier		IS. MOTHER'S MAIDEN NAM Alvina	WE		Kreafi	le
16	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURI	ITY NO.	17. INFORMANT	ADDRI	ESS		
L	NO OR UNKNOWN) (IF YES	, GIVE WAR OR DAJES	217-05-35	502	Mr. J. Nicho	las Hetz, s	ame as	#13e	
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICATION 19a. DATE OF OPERATION	DUE TO, C	OR AS A CONSEQUEN ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM			N IN PART II	
1	190. DATE OF OPERATION	176 CONL	THON FOR WHICH O	PERATIC	ON WAS PERFORMED	YES TO NOT		ING CAUSES	
	ON CONTRIBUTING TO CAUSE OF	DEATH HOUR A	OF INJURY M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR				NO []
	(IF EITHER NOTIFY MEDICAL EXAM		OF INJURY TREET, FACTORY, OFFICE, FAR	M ETC }	211. LOCATION STREET	CITY OR TO	own /	COUNTY	STATE
	220.1 certify that (I) (this has saw the deceased alive abave, (I) (we) (did) (did	gn	19	a	nd that in (my) (aur) apinian c	death occurred an the d	ate and haur		that (I) (we) last causes stated
	276. SIGNATURE	Ny B558	est . If		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	SIGNED
	234 PHYSICIAN'S NAME IN	4 Lan				(en			
2	BURIAL, CREMATION, REMORE Entombment	236. DATE 2-10-	87 Pa	rkwc	cemetery or crematory od Mausoleum	23d LOCATION CITY OR TOWN Balto.	County	COUNTY Mar	STATE
	funeral director Ruck "Towson Fune	eral Home				E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. A should be detached for use with the Store Dept. of Heal



ALTIMORE, MARYLAND 21201	
60	
PRESTON ST.,	
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046345 MAR-S

FOR STATE REGISTRAR DECEASEDANAME

COUNTRY

13a STATE

14 FATHER'S NAME

To. BIRTHPLACE ISTATE OF FOREIGN

M CITY OR TOWN OF DEATH

(YES, NO OR HUKNOWN)

MAKS Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

3. SEX

Mitchell-Wiedefeld Home 6500 York Road 21212

E TRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENB /	0 3	1	5 8		
Sister Ma		egrine H		AST	20 DATE OF DEATH	eb 28,		8:45P		
Female	White	9	S. DATE C	n 24, 1894	6 AGE (IN YEARS LAST E	YRS.	UNDER I YEAR	IF UNDER 24 HRS		
Mass.	76 CITIZEN OF	USA WIDOWED DIVORCED BALTIMORE CITY OR COUNTY WIDOWED DIVORCED D								
Balto. Villa Assumpta					12a USUAL OCCUPA (TYPE OF WORK FOR MOS Teache		126 KIND O INDUSTRY Edu	f BUSINESS OR cation		
Md. 13b COL	PROTHER INSTITUTION.	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Baltimo		136 INSIDE CITY LIMITS?	6401 N.	Charle	s St.	21.21.2		
NAME Jose	ph XX	XXXXX Hi	cks	Carolin		Li	nderm	ann		
CEASED EVER IN U.S. A		216-54-	5740	Sister Ang		ame				
USE OF DEATH Enter of RT I. DEATH WAS CAUS IMMEDIA	anly ane couse per ED BY ATE CAUSE (a)	line far (o), b and	SC C	IA			APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH		

18 CAUSE OF DEATH Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIXX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK June

22a.1 certify that (1) (this haspital) attended the deceased from. Feb. and that in (my (our) opinion death occurred an the date and hour and from the causes stated obove, (1) (we) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF

MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS

Dr. Lawrence Boas, M. D. 54 Scott Adam Rd., Cockeysville 21030

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE Villa Maria Cemetery Glen Arm, Balto., Md. 3-3-87 Buria 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3/39

9	A 29	REGISTRAR				CEKTIF	ICATE OF DE	AIH	RI	G. NO.				
		CEASED NAME	FIRST		WIDDLE	Į	AST		2a. DATE OF DEA		DAY	YEAR	26 HOUR	
	{ I Y PE	Ro	ber	t	W.	Hil	gartne	r		02	24	87	10:25 AM	
	3. SE	X		4. RACE		5. DATE C			AGE (IN YEARS L	AST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS	
-		Male Ca		Caucas	Caucasian		10 30 19 V		V 76	YR	MONTHS	S. DAYS	HOURS MIN.	
q		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH					
1		MD		USA		WIDOWED DIVORCED			Baltimore County MD					
V	10. CITY OR TOWN OF DEATH			(IF NOT IN SUC	H FACILITY, GIVE STREET				12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
ľ.		tonsville		Summ	it Nursing Home Ager					it Ins. CO.				
100	130 5	MD	3b. COUN	VIA	13t. CITY OR TOW Catonsv	N	13d INSIDE CITY YES \(\begin{array}{c} \text{N} \\ \t	LIMITS?	130.STREET ADDR	ess / zip co	Ave	21 enue	228	
	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S M			DIE		LAST		
				dolph Hilgartner Edna S							Sc	Schmehz		
1	16a V			MED FORCES?	166. SOCIAL SECU		17 INFORMANT			DDRESS				
				1042 00 0021 ==								e as #13e		
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter on	ly ane cause per D BY:			-				F		MATE INTERVAL DISET AND DEATH	
				ECAUSE (a) Parchetti Carevora							months			
		DUE TO, OR AS A CONSEQUENCE OF												
1		Conditions, if ony, which gave rise to immediate									\rightarrow			
1		couse (a), stating the underlying cause last												
ı		(c)												
1	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
	CAT	190 DATE OF OPERATIO	NC	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED						
	CERTIFICATION	11/.86 garce			tic Coursis			YES NO YES NO NO						
		210 ACCIDENT WAS UNDER		FINJURY M. MONTH (DAY YEAR 21¢ HOW INJURY OCCURR			ED (ENTER NATURE C	F INJURY IN ITEM	IB PART I OF	RPART 2)				
1	CAL	(IF EITHER, NOTIFY MEDICA			M. 19 MS			1/2						
	MEDICAL	21d INJURY OCCURRE	OF INJURY	RM, ETC.)	211 LOCATION		CITY	ORTOWN	cc	OUNTY	STATE			
ı	AT WORK AT WORK													
ı		20.1 certify that (1) this haspital) attended the deceased from 2/10, 19 83, to 2/11, 19 83 and the deceased always of AN 24 19 81 and that in (my) aur) apinian death accurred on the date and hour a above. (1) well (did) (did not view the body after death.									. 19_2 10ui and f		hat (I) (we) last ouses stated	
ı		The Manual Turks All Turks								22	22c. DATE SIGNED			
J		PHYS						ENDING YSICIAN &	G MEDICAL STAFF N A DIRECTOR PHYSICIAN 2/24/8)					
		22d PHYSICIAN'S NAME (TYPE OR PRINT)						22e ADDRESS						
		Charles Graham, Jr. MD 299 Frederick Road 21								212	28			
		URIAL, CREMATION, RE		23b. DATE	23c. N	AME OF C	EMETERY OR CRE	MATORY	23d. LOCATION	VN	COUR	ity	STATE	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol en

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the hospital or

MPORTANT: If them 21 is morked or Item 18 shows any

injury, ar other troum

(VRA 15, 4)

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FOR - STATE

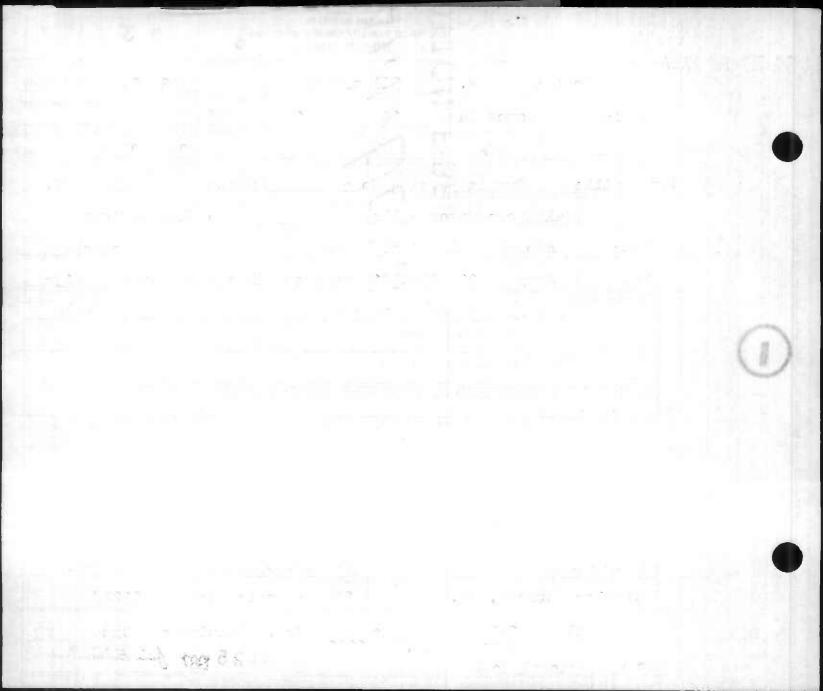
02/27/87 | Loudon Park Cem. | Baltimore

City

MD

Catonsville, 24 FUNERAL DIRECTOR Caton
MacNabb Funeral Home

FEB 2 5 1987 Julia Dender Randon



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the haspital ar

TO FUNERAL DIRECTOR. After this certificate has been signed by the ai should be detached for use as the burial-transit permit. Then please remainwith the State Dept. of Health and Mental Hygiene prior to burial, cremati

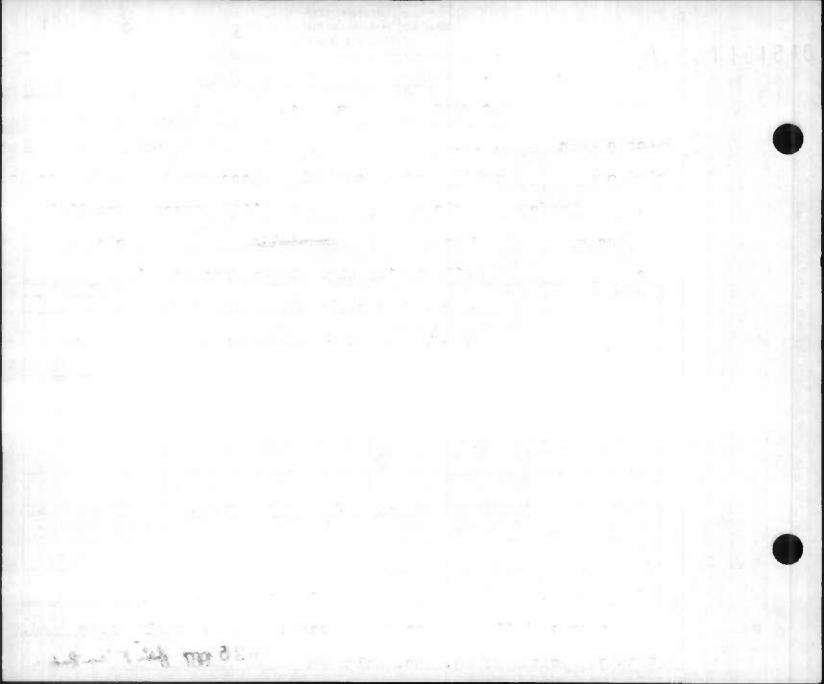
DHMH - 16 60M 7/84

(VRA 15, 4)

1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	EIENE 8 /	0 3	/ 4 0
IT DE	CEASED NAME FIRST	MIDDLE		EAST	20 DATE OF DEATH "	ONTH DAY YEA	P 2b HOUR
	Joseph	W.	Hirt		2-8-1987		4:15 Au
3 SE	X	4 RACE	MONT	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER TY	
	Male	White	9-2	21-1897	89	YRS	TOOKS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
1	Md.	U.S.A.	WIDOWI		Balto. Co.		MD
1	Middle River	11. NAME OF HOSPITAL	GIVE STREET ADDRESS)		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Ret. Clothi	WORKING LIFE; INDUST	D OF BUSINESS OR RY
I3a.	AL RESIDENCE (IF NURSING HOME OF STATE TOUR COU	OR OTHER INSTITUTION GIVE RESIDE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 3309 Gibbo	ZIP CODE	1214
F	Joseph	MIDDLE Hir	LAST Ct	Marie	ME MIDDLE	Petr	LAST
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	ADDRES	S	
- (NO OR UNKNOWN) (IF YES, G		-03-7297	Beatrice B.	Hirt, Same a	s 13e	
NOI	gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT		TING TO DEATH BUT		inal disease or condi	ITION GIVEN IN PART	Tro
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO		
ICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MO		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART : OR PART	7)
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR		211 LOCATION STREET	CITY OF TOWI	N COUNTY	STATE
	270 I certify that (1) (this hasp		10 50	nd that in (my) (aur) apinion (, to	19	_, that (I) (we) last the causes stated
	27b. SIGNATUR)re			MEDICAL STAFF DIRECTOR PHYSICIA		9. 8)
	Tarique A.	Firozvi, M.E).	223 Eastern	Blvd.		
	BURIAL, CREMATION, REMOVAL (SPECIEY) Burial	23b. DATE 2-10-87	23t. NAME OF C	emetery or crematory	23d LOCATION CITY OR TOWN Balto.,	Md.	STATE
	uneral director eonard J. Ruck	, Inc.,5305 I	farford Rd	25a. DAT		B. PEGISTRAPIS LIGH	ATUR AND ARE

STATE OF MARYLAND

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		1		STATE OF MARYLAND	
E 0	1 2 550 00	17	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
0 0	1 2 FE8 26		CEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	9		A	lice HOBDAY	February 21, 1987 10:06p
	Мо	3 SE	X	4 RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
	2 ge 4	_	F	WHITE CCT. 18, 1896	90 YRS. MONTHS DATS HOURS MIN
	E 0	- PALE B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	9 BALTIMORE CITY OR COUNTY OF DEATH
	e o	1	W.VA.	U. S. A. WIDOWED A DIVORCED	Baltimore County
101	rs offer d	70.0	BALTO CONTORNOS DE SEX	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HE NOT IN SUCH EACHITY, GIVE STREET ADDRESS) ADD ADD HOSPITAL HOSD.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
MARYLAND 2120	Aller House		AL RESIDENCE (IF NUR OF NO		130 STREET ADDRESS / ZIP CODE ST. 2/229
3YL	The state of the s	14 F	ATHER'S NAME	MIDDLE LAST	ME
MA	b land	1	TAMES	UNGER SARAH	GRIMM
m,	13016		WAS DECEASED EVER IN U.S.		ADDRESS
BALTIMORE	1 11 12	1	(IF YES	GIVE WAR OR DATES) 213-48-0433 RENTRICE T	- STREETS SAME AS 13C
ALTI	人生月	F	18 CALISE OF DEATH (Exter	only one couse per line for (o., lb), and (c). SED BY: Respiratory Failure	APPROXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	that the death chill by the attending so tose remove cathon ol, cremation, at rem		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, ON AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
20	Ined Ined During		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
RDS	The The Injury	O N			
AL RECO	on. hos been t permit ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT
OF VITA	SICIAN: The rig physicio certificate l'uriol-transit kental Hygie leem 18 she	MEDICAL CER	2)8. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIT	DEATH HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)
0	PHYS of this of Me bur d Me dor I	0	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET	CITY OR TOWN COUNTY STATE
NS N	offe Potte	Z	MHILE NOT WHILE AT WORK	TAT TOME STREET, FACTORY, OFFICE, FARM, ETC.)	
٥	DIN OF SE OF THE PROPERTY OF T			February 21, 87	that if (we) la
	ATTEN Spiral CTOR I for us				death occurred on the date and hour and from the causes stated
a	DIRE Chec Chec Chec Chec Chec Chec Chec Chec		22b. SIGNA URE	DEGREE	224 DAJE SIGNED
	Al Calledon		1	ATTENDING PHYSICIAN [MEDICAL STAFF
	SPIT SPIT		22d. PHYSICIAN'S NAME (TYP		
	HOSPIT, bined by FUNER, ould be d th the Sto		JOSEPH	Karcaw 9000 Frankli	n Square Drive, 21237
	5 후 5 후 ₹	730	BUDIAL CREMATION PEACOV		1224 LOCATION

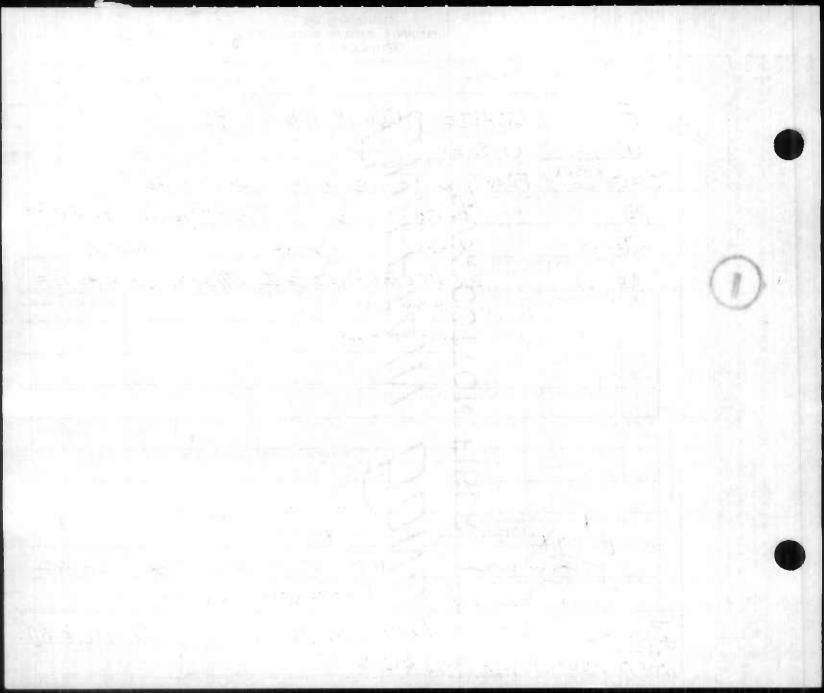
BP. DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

236 DATE

9000 Franklin Square Drive, 21237 23d LOCATION CITY OR TOWN

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



5	TA	TE OF M	ARYLAND			
EPARTMENT	OF	HEALTH	AND	MENTAL	HYG	

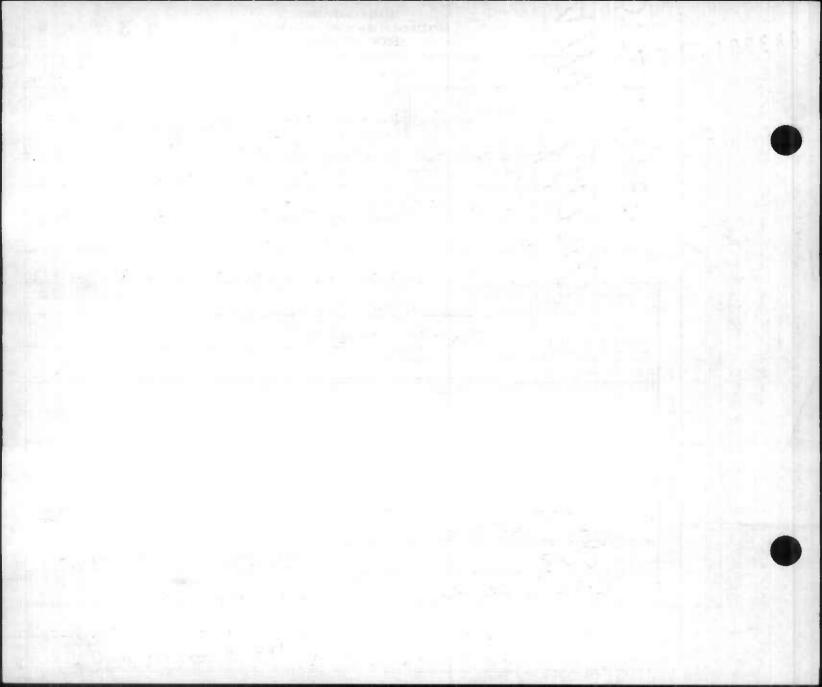
GIENE CERTIFICATE OF DEATH

7	0	3	1	6
-	No.			
REG. NO.				

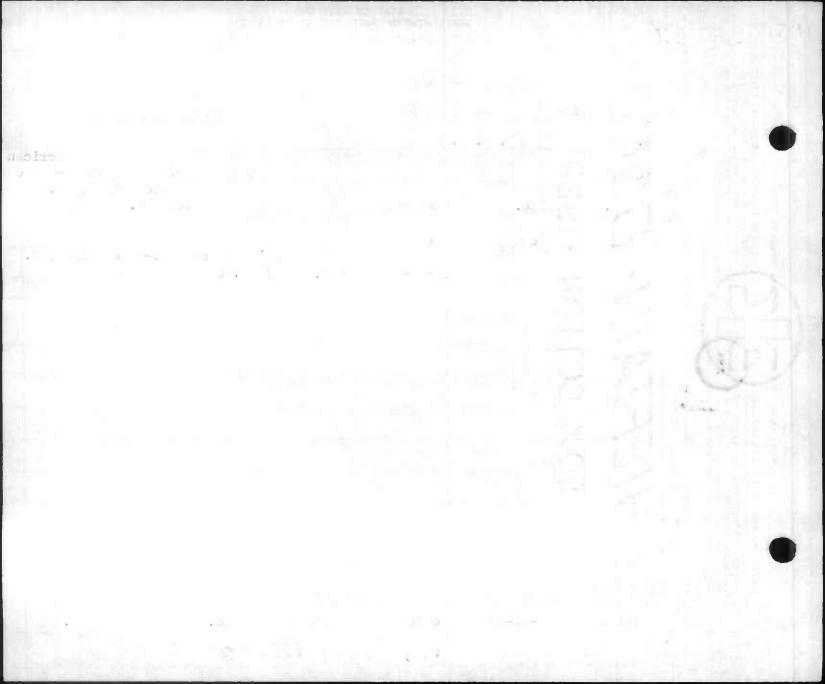
2	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	GIENE 8 / O REG. NO.	3 / 4 3
-	I DECEASED NAME FIRST	WIDDLE	[AST		DAY YEAR 26. HOUR
	Rheta	НО	EY	February 1, 198	7 7:40pm
	3 SEX		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	Female	White	ril 18 1902	84 YRS.	
-	To. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
	Maryland	USA WIE	DOWED DIVORCED	Baltimore County	/ MD.
)	Rossville	11. NAME OF HOSPITAL, NURSING HOLLENOT IN SUCH FACILITY GIVE PREET ADDRESS FOR A CONTROL OF THE PROPERTY OF TH	e Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Retired-Hair	
5	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COURSE BA	IR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS		13. STREET ADDRESS / ZIP CODE 13108 Cherwi	n Road 21220
	14 FATHER'S NAME FIRST Carroll Spe	MIDDLE LAST Encer Hoev	15. MOTHER'S MAIDEN NA FIRST LOTTIEBE	ME MIDDLE	Grafton
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY I	NO. 17 INFORMANT	ADDRESS	
	no	212-22-53	885A Mary Hun	neke 13108Cher	winRoad21220
1	18 CAUSE OF DEATH (Enter or	inly one couse per line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: (TE CAUSE (0) Cardiopulmon	nary Arrest		
1	State of the state	DUE TO, OR AS A CONSEQUENCE	QF _		
	Conditions, if any, which	(Myocardia!	Intraction		
1	couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF		
		(c)			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
-	190. DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO \(\bigcap \)
	00 00: 100:00:00:00		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART OR PART 2}
	S (IF EITHER NOTIFY MEDICAL EXAMINE	AIH	19		
	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		20 07		
		ottended the deceased from Jam February 1 10 87	. 19		19_8/, that X we lost
		February 1 19 87		death occurred on the date and hou	
	22b. SIGNAT JME	>	DEGREE ATTENDING	MEDICAL _ STAFF	220 DATE SIGNED
4	201 DUVERGIANIS MANE		PHYSICIAN [DIRECTOR PHYSICIAN	2/1/87
	228. PHYSICIAN'S NAME TIPPE	KIRK, M.D.		in Square Drive	
	230 BURIAL, CREMATION, REMOVAL	L 236. DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Burial	2/5/87 Gard	dens of Faith	Rossville B	alto Maryland
	24 FUNERAL DIRECTOR	ADDRESS	250 54	E REC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
	ConnellyFuner	calHome 300MaceA	ve. 21221	1987 1 dia	Dinger Candale
					Randale

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, ar other troumatic event, the



DHMH - 17 (VR A15 ME (5)) 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

					STAT	E OF MARYLAND				
6207 MAR		REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. N	0	3 /	4 3
		CEASED NAME FIRST	A	AIDDLE	HOT	LANDER	20 DATE OF DEATH	MONTH E	DAY YEAR	2b HOUR
oge 3			ENA			(NAIXIXIER)	FEBRUARY	25, 1	987	12:50A.
9	3 SE)		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	
s oft		FEMALE	CAUCAS	IAN	OCT.	3, 1902 YEAR	84	YRS.	AONTHS DATS	HOURS MIN.
Pour		THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	9		9 BALTIMORE CITY		OF DEATH	
72	5	MARYLAND		U.S.A.	WIDOWE	DIVORCED DIVORCED	BALTIN	MORE CO	OUNTY	***
i i	10 CI	TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
filed %	100	RANDALLSTOWN	MERID:	IAN NURSI	NG HC		OPERATOR	OF WORKING LIFE		ERN UNIO
and big	13a S	TATE ARYLAND	NTY	13c. CITY OR TOWN BALTIMOR	N	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS 3607 LAF			#21215
S S	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
D SOLO	1	JOSEPH	MIDDLE	HOLLAND	ER	DEBRA	MIDDLE		FIS	HER
8 8	16a V	AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT MRS.	JOAN G.ADHO	PPENS		APT. 201
Bo d	(1	ES. NOUNKNOWN) (IF YES, GI	VE WAR OR DATES)	213-10-5	733	1 HIGH STEPP		BALT		212
ed by the controlling to please remote the bental crempton or other traditions.		Canditions, if any, which gave rise to immediate cause Ia1, stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF	med,				
ar to bu	LION	PART 2 OTHER SIGNIFICANT	- 1 Joan	2 Par	Jer But	NOT RELATED TO THE TERM				
it permit	CERTIFICATION	19a. DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDI YING CAUSE	INGS USED S OF DEATH? NO
ind-transisted Hyg		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJL.	RY IN ITEM 18 PA	ART (OR PART 2)	
ter this of the bund we hand Me	MEDICAL	21d. INJURY OCCURRED WHILE OF WORK AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR 10)WN	COUNTY	STATE
ECTOR: A ed for use o of. of Healt em 21 is ma		22a. I certify that (I) (this hosp saw the deceased alive or abave, (I) (we) (did) (did no 22b. SIGNATURE	7612	19		nd that in (my) (out) pinion (deoth occurred on the d	ate and hour	and from the	that (I) (we) last couses stated E SIGNED
Py the haspi RAL DIRECTO detached for state Dept. of NT: If Item 2		NIEL B!	Leca	ren	_ '	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🗍	2	26113
FUNE Sould be the S PORTA		231 BHYSICIAN'S NAME (TYPE	COD P	recc 1	My	8620	Que !	DC	- V	ele

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If hem 21 is should be detach with the State De

230 BURIAL, CREMATION, REMOVAL BP.

23c. NAME OF CEMETERY OR CREMATORY HEBREW FRIENDSHIP

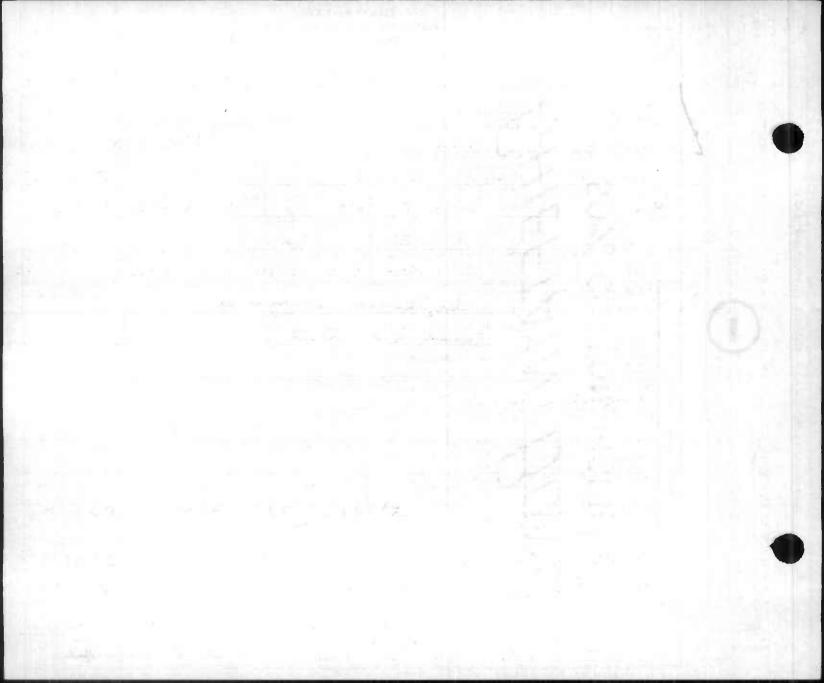
23d. LOCATION
CITY OF TOWN
BALTIMORE

MARYLAND

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISKERSTOWN RD. BALTIMORE, MARYLAND 21215

23b. DATE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

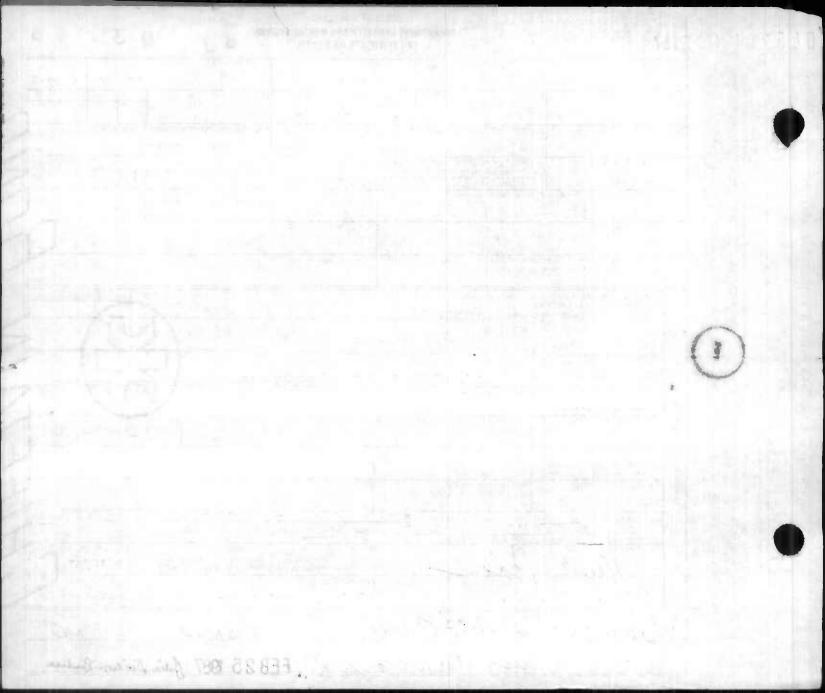


E1: Perfhore 2-26-87

20 DATE OF DEATH MONTH 2h HOUR 15 87 IF UNDER TYEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY MD. 126, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) COUNTY STATE ___ and that in (my) (aur) apinion death occurred on the date and have and fram the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 2/16/87 FUNERA Ald her d the Sign 봈 JOHN E. ADAMS, M.D. 6701 N. Charles Street, Towson MD 21204 23c, NAME OF CEMETERY OR CREMATORY 236 DATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



requires that

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

043638

filled in by the funeral director, page 3 outd by the mineral tens offer death

npopers. Poges physicio

tificate be executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

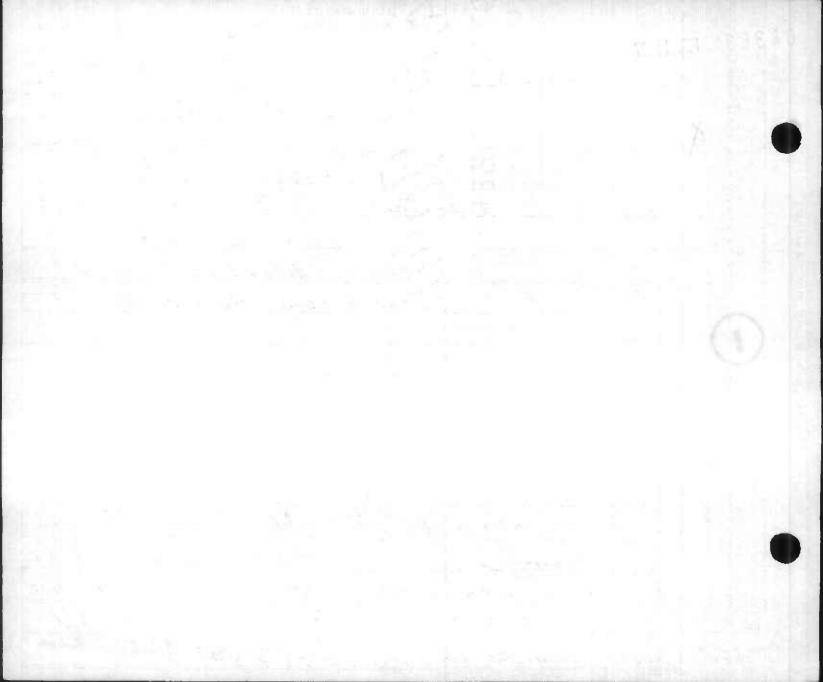
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	5	0	4	
REG NO				

F		FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 /	03/	4 1
		CEASED NAME FIRST Luc.	MIDDLE	HOL	MES		2-8-8	7 /2/2 /2/2 /2/2 M
	3. SEX	f.	NEGRO	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER INTER	
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED WIDOWE	NEVER MARRIED D	9. BALTIMORE CITY O	COUNTY OF DEATH	Dunky MD.
3	B	alto County	11. NAME OF HOSPITAL, NU	TREETADDRESS)	Ben Host	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ION 12b. KIND OF WORKING LIFE) INDUSTR	OF BUSINESS OR
5		AL RESIDENCE (IF NURSING HOUSE OR TATE 13% COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION	YES NO	3/33 STREET ADDRESS	VIP CODE Rd	21207
2	1		MIDDLE LAST	3	15 MOTHER'S MAIDEN NAM FIRST TAMELY	Thon	bon	LAST
		VAS DECEASED EVER IN U.S. ARI (ES, NO OR MIKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIALS E WAR OR DATES) 298 2	SECURITY NO.	Earl Holm	ADDRI L 3133	Setfren	OXIMATE INTERVAL IN ONSET AND DEATH
	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lio
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATION	N WAS PERFORMED	20¢ AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
1	MEDICAL CER	210, ACCIDENT WAS UNDERLYING CONCREDED CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	7	STREET	CITY OR TO	own county	STATE
			tal) attended the deceased from	817 or	nd that in (my) (our) opinion c	death accurred on the d		
,		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE O	mo		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF + 1	-8-87
		ORIANDO B	CONANGE		BCGH-		Town And	. 21133
	(SURIAL, CREMATION, REMOVAL SERVENTY)	236. DATE 2/12/27	1	con Joset	23d. LOCATION OF TOWN	mellounty .	mediate.
	24, FL	OCHS TUNIS	138 such 138	4 h. C	entral & FE	B 9 1987	Julya Derica	A CONTRACTOR OF THE PARTY OF TH

DHMH - 16 60M 7/B4 (VRA 15, 4)

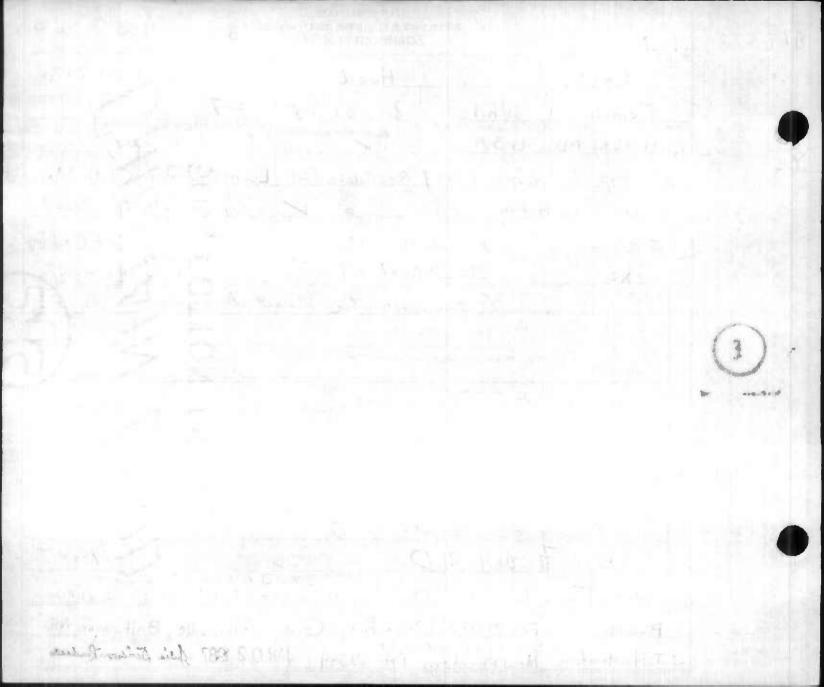
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cr IMPORTANT: If them 21 is marked or them 18 shows any injury, or other



STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 26 HOUR 8:05 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Balto-Count 126 KIND OF BUSINESS OR perator 130 STREET ADDRESS / ZIP CODE 3 P 07 Rollalo PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ? COUNTY CITY OR TOWN STATE Feb. .19 87, and that in my (aur) apinian death accurred on the date and have and from the causes stated DAJESIGNE STAFF PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY ruip Ridge DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR - STATE REGISTRAR 1. DECEASED NAME

BIRTHPLACE (ST

10 CITY OR TOWN C Towson

ISUAL RESIDENCE 130 STATE Maryland

160 WAS DECEASED

226. SIGNATUR

230. BURIAL, CREMATION, REMOVAL

CERTIFICATION

MEDICAL

3. SEX

FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0	3 / 4 9
DECEASED NAME (PEOR PRINT) Ma	Marga	ret Eliz. Wh	eeler	Horn	2a. DATE OF DEATH	2 23	-87 645 M
Fema	la 1 RAC	white	Jun	DAY YEAR	6. AGE (IN YEARS LACT BIRT	83 _{YRS}	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
BIRTHPLACE (STATE ORI	l	IZEN OF WHAT COUNTRY?	MARRIE		Baltimore city of	e Coun	ty MD.
Towson	(1F \	AME OF HOSPITAL, NURSII NOT IN SUCH FACILITY, GIVE STREE Manor Care — INSTITUTION, GIVE RESIDENCE BEFOR	Ruxt		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Self-emplo	WORKING LIFE!	26. KIND OF BUSINESS OR NOUSTRY Jewelry
	Baltimor	13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS? YES NO X			St., 21204
John	MIDDLE	homas Whee	eler	Margare		eth	Ford
WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR O			Margaret E	town, N.Y. Rowe, 16	ss 7 Mt. P	11787 Pleasant Rd.,
18 CAUSE OF DEAT PART I. DEATH W		couse per line for (a), (b) or	he	roscleso	Fic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which mediate ag the	UE TO, OR AS A CONSEQU (b)UE TO, OR AS A CONSEQU		ardio vas	cular		
PART 2 OTHER SIGN	IABGI	TIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN I	N PARTY LEGS.
19a DATE OF OPERA		CONDITION FOR WHICH	OPERATIO		200 AUTOPSY?	IN CERTIFYING	
OR CONTRIBUTING		IB. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)

PART 2 OTHER 190 DATE OF C 210. ACCIDENT W OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an obove, (1) (we) (did) (did not) view and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

236. DATE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION Jessops United Meth. Ch. Cem. Cockeys-

Balto. Md.

Burial 2/27/87 24 FUNERAL DIRECTOR

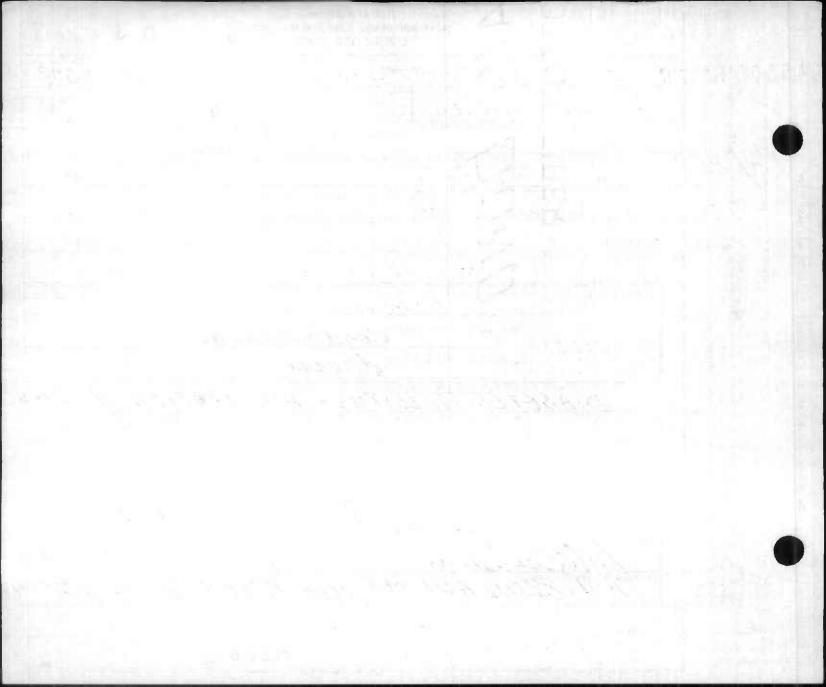
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 2 6 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

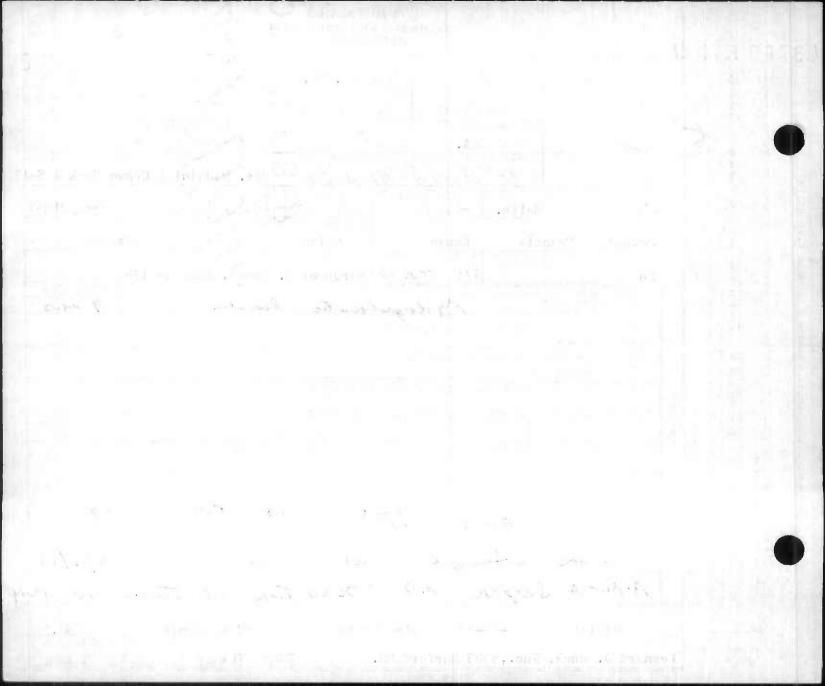
If them 21 is morked or Item 18 shows

MPORTANT

Padonia Rd. Martin D. Lawson, 10 W.



	4			STATE OF A	MAKILAND			
0 550 11	1 -	FOR STATE REGISTRAR	DEP	PARTMENT OF HEALTI CERTIFICAT	H AND MENTAL HYG	IENE 8 /	0 3	1 5 0
Uresil		CEASED NAME FIRST (WIDDLE	LAST			MONTH DAY YE	AR 26 HOUR
by be oge 3 death	3411)	Louis	B	Hous	e, Sr.	2/7/	87	6:30%
rs ofter d	3 SEX	Male	White	5. DATE OF BIRT	TH DAY YEAR	6. AGE IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
death. Par		RTHPLACE LISTATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore City of		Н
Somer	-	WSON	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE ST JOS CA		FITAL	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Ret. Machin	WORKING LIFET INDUS	nd of Business or Stry Cork & Sea
filled in	USUA 13a. S	LERSIDENCE (IF NURSING HOME OR TATE 13b COUN			NSIDE CITY LIMITS?	13e STREET ADDRESS	/ // /	1 ve 21234
1 2 3	I4 FA	THER'S NAME FIRST Samuel Fran	MIDDLE LAS	ST .	OTHER'S MAIDEN NAME Helen	WE	Anders	Bon
Poges 1		(AS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL 214-0.	12 1/ 115	regaret 0.	ADDRE House, Same		
quires that the death certificate signed by the attending physic her please remove carbon pape to burio!, cremation, or removal. ijury, or ather traumatic event, the	Z	Conditions, if any, which gave rise to immediate cause (a), stoling the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	RELATED TO THE TERM		DITION GIVEN IN PAI	7 MS
	4 ()							
both been been been been been been been bee	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WA	SPERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO
HYSICIAN: The law rectains physician. Build martificial from the build martificial from the principle of them. Technology are principle of them. Technology are principle.	AEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	H DAY YEAR 19 211.			IN CERTIFYING CAI	USES OF DEATH? NO RT 7)
OR ATTENDING PHYSICIAN: The law recovered hospital or attending physician. DERECTOR: After this certificate herm Debt. of Health and Mental High ministration of Health and Mental High ministration.	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK SO THE OF SOW THE GOOD SO	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, o	H DAY YEAR 19 DEFICE, FARM, ETC.] Trom DEGRE	LOCATION STREET , 19 Tin (my) (our) opinion of the control of the	YES NO NO NIUR	IN CERTIFYING CAI YES YIN ITEM 18 PART I ORPAS YIN TEM 18 PART I ORPAS YIN TEM 18 PART I ORPAS TO COUNT TO CO	USES OF DEATH? NO If 7) If 7) If y State 2, that (we) lost
OR ATTENDING PHYSICIAN. The law rece haspital or attending physician. DERECTOR: After this certificate harm of the do use as the fundition from 1 Topot, of Health and American Historian principle of them 21 is marked at the TEL topographic	MEDICAL	210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOTIFY HOTEL AT WORK 220 I certify that (I) (this hasping saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF ATMINER ATMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O tal) ottended the deceased f t) view the body ofter death.	H DAY YEAR 19 DEFICE, FARM, ETC 211 from	LOCATION STREET T in (my) (our) opinion of the physician of physician (and physician can be physician can be physician (and physician can be physic	YES NO DEED (ENTER NATURE OF INJURE CITY OR TOVE OF TOVE OF TOVE OF TOWN OF THE COURT OF THE COU	IN CERTIFYING CAI YES YIN ITEM 18 PART I ORPAS YIN TEM 18 PART I ORPAS YIN TEM 18 PART I ORPAS TO COUNT TO CO	USES OF DEATH? NO STATE 2, that (we) lost in the causes stated
HOSPITAL OR ATTENDING PHYSICIAN: The law resulted by the hospital or attending physician. FUNERAL DIRECTOR: Attent this continuate has a detached for use of the Windlines man in the Sate Dept. of Health and Mental High Results and PARTANT: If Hem 21 is marked as here.	WEDICAL MEDICAL	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER AT WORK NOT WHITE AT WORK NOT WHITE Sow the deceased olive on obove. (I) (we) (did) (did not 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE O	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O tal) attended the deceased f	H DAY YEAR 19 OFFICE, FARM, ETC.] Trom DEGRI 21e.	LOCATION STREET 1 in (my) (our) opinion of Physician (and physici	YES NO CITY OR TO CITY OR TO Deoth occurred on the do	IN CERTIFYING CAI YES YES YES YES YES YES YES YES	USES OF DEATH? NO STATE 2, that (we) lost in the causes stated



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

[B ¹ Z	FOR STATE PRESISTRAR				CERTIF	EALTH AND MENTA		NE 8 / REG. N	0.	3 /	5 1
		CEASED NAME OR PRINT)	ETHEL.		Mary		WARD	1	O. DATE OF DEATH	2 19	187	26 HOUR 4:40P M
	3. SE)	FEMALE		RACE White		S. DATE C	DAY YE	AR	. AGE JIN YEARS LAST BIR	YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
>	M	RTHPLACE (STATE OR EDUNTRY)		USA		WIDOWE			Baltimor Baltimor			MD
)		TOWS ON		"GBMC	6701 N	CHARL	ES ST.		20 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake	F WORKING L		F BUSINESS OR
>	13a_S M	AL RESIDENCE IF NURS	13b. COUNTY		GIVE RESIDENCE BEF	NWO	136. INSIDE CITY LIM		3e.STREET ADDRESS 11214 Y	zip cob ork R	d., 210	30
		Joseph	ME	DDLE	hompso	n	15. MOTHER'S MAID Martha		WIDDLE		You	ng
1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		16h SOCIAL SE 214-76	6-3662	Albert (c. H	oward, 11		ork Rd	., 21030
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED	one couse per BY: CAUSE (0)	RESP1	RATORY	FAILIR E				APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH HOUR
		Conditions, if ony, gave rise to immercouse (a), statir underlying couse	nediote ig the	(b)	R AS A CONSEC		HEART FAII	LURE				
	NO	PART 2 OTHER SIGI	VIFICANT CO		CHRONIC			IE TERMIN	IAL DISEASE OR CON	DITION GI	VEN IN PART Inc	
)	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES [
	MEDICAL CER	210. ACCIDENT WAS UNION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	CAUSE OF DEATH CALEXAMINER) RED	P. 21e. PLACE	M. MONTH M.	19	21c HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJU		PART (OR PART 2)	STATE
		220.1 certify that (1) sow the deceas obove, (1) (we) (1) 22b. SIGNATURE	(this hospital	2,	/19 19	.87 or	d that in (my) (our) o		oth occurred on the d		22c. DATE	
		ALBAN B	BACCI	HUS M.	D'.		22e ADDRESS		CHARLES S			
	E	BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 2/23/			Valley Ce		23d. LOCATION CITY OF TOWN Timoni	um E	Balto.	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morked on frem

Bryan W. Clary, 10 W. Padonia Rd., 21093

FEB 20 1987

ALMERICAN CALL PRODUCTS

The contract of the contract o

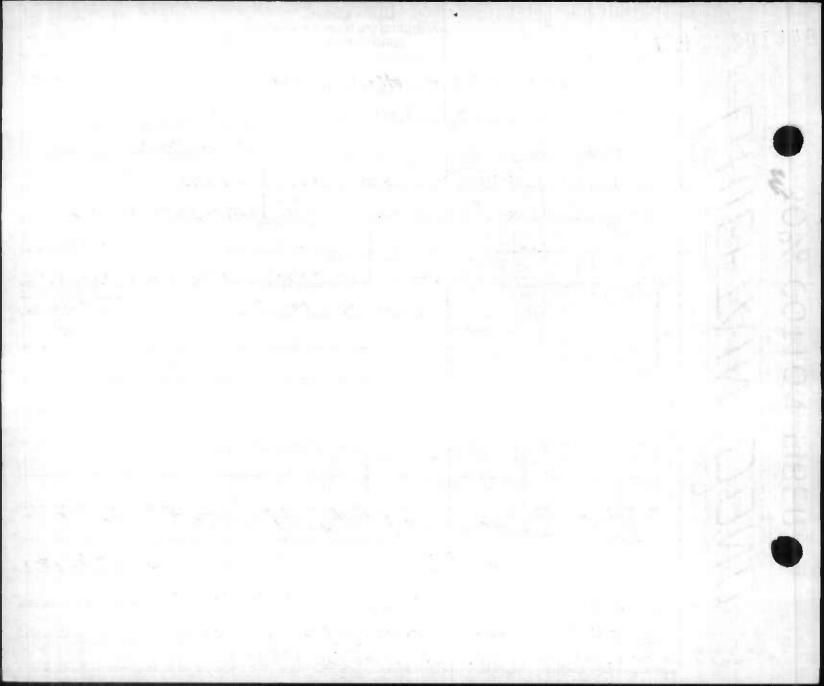
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STATE OF MARYLAND

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 / REG. N	0 3 /	5 2
1	1 DECEASED NAME FIRST	MID	DDLE	LAST	20. DATE OF DEATH		26 HOUR
1	Mary	Cath	nerine HOV	NDYSHELL		2 12 87	17,35 M
ſ	3. SEX	4 RACE	5. DATE	OF BIRTH	6. AGE IN YEARS LAST BIR		R IF UNDER 24 HRS
I	Female	Whi		4	84	YRS.	HOURS MIN.
-	To. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
	Pennsylvani	ia US	SA WIDOW		Baltimore	County	MD.
	10. CITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSING HOME	OR OTHER INSTITUTION	12e USUAL OCCUPAT	ION 126. KIND (OF BUSINESS OR
ı	Randallstown		re County Gei	neral Hosp.	Homemaker		
1	USUAL RESIDENCE HE NURSING HOME OF	R OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION)	13e STREET ADDRESS		
			Randallstown	YES NO K	3907 Noves		133
1	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME		
1		WIDDIE	LAST	Mamie	WIDDLE	Hir	nter
†	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	66 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI		ITCL
1	NO (IF YES, G	VE WAR OR DATES)	213-28-8973	Mary Catheri	ne Springer	3907 Nove	s Circle
ŀ	18 CAUSE OF DEATH (Enter o			Thaty caller	ile opringer		XIMATE INTERVAL NONSET AND DEATH
1	PART I. DEATH WAS CAUS	ED BY:	IMDERI	OR M	7	BE WEEK	9 days
1	IMMEDIA	TE CAUSE (o)					- Congra
1	Conditions, if ony, which	1	AS A CONSCOUENCE OF				
1	gove rise to immediate	(6)					
ı	couse (a), stating the underlying couse lost.	DUE TO, OR A	AS A CONSEQUENCE OF				
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	IT DIRILITING TO DEATH RIL	T NOT BELATED TO THE TERM	IN AL DISCUSS OR CON	DITION CHIEN IN BART	
ı	Z OTTER SIGNIFICANT	CONDITIONS CON	TIKIBUTING TO DEATH BU	I NOT KELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART TO	(0
d	190 DATE OF OPERATION 710, ACCIDENT WAS UNDERLYING	19b. CONDITK	ON FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDS	INGS LISED
	OF I				YES T NOT	IN CERTIFYING CAUSES	S OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF I	NJURY	21c HOW INJURY OCCURR		[NO []
١		AIR	MONTH DAY YEAR		(Ellier involve of history		
1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF	IN HIPY	211 LOCATION			
1	WHILE NOT WHILE AT WORK		T. FACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TO	OUNTY COUNTY	STATE
ı	22a.1 certify that M (this hasp	9 /	deceosed from	124 1987	_, to	2 19 7	, that (we) lost
1	sow the deceased alive of above, Art (we) (did) (die n	ot) view the body of	ter death.	and that in (our) opinion o	death occurred on the d	ote and hour and from the	e couses stated
ł	22b. SIGNATURE	1	W	DEGREE			ESIGNED
ł	your	9 6.	to	ATTENDING PHYSICIAN	MEDICAL STA	FF	12/87
٦	224 PHYSTCIAN'S NAME UTP	OR PRINT	5	22e ADDRESS			
1	/ Vousing	1	6 MD	1 3.	C. G. A	P	
1	230. BURIAL, CREMATION, REMOVAL	23b. DATE	0	CEMETERY OR CREMATORY	23d. LOCATION		
	(SPECIFY) Burial	2/16/8		Park Cemeterv	CITY OR TOWN	COUNTY	STATE
1	24 FUNERAL DIRECTOR	2/10/0	I TOUGOIT	25- 041	Baltimor E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	Maryland
	Hubbard Funeral H	Home, Inc.	., 4107 Wilke		B 1 7 1007	8-1 -1	s .

DHMH - 16 60M 7/84 (VRA 15, 4)

Item 78 shows any injury, or other tro



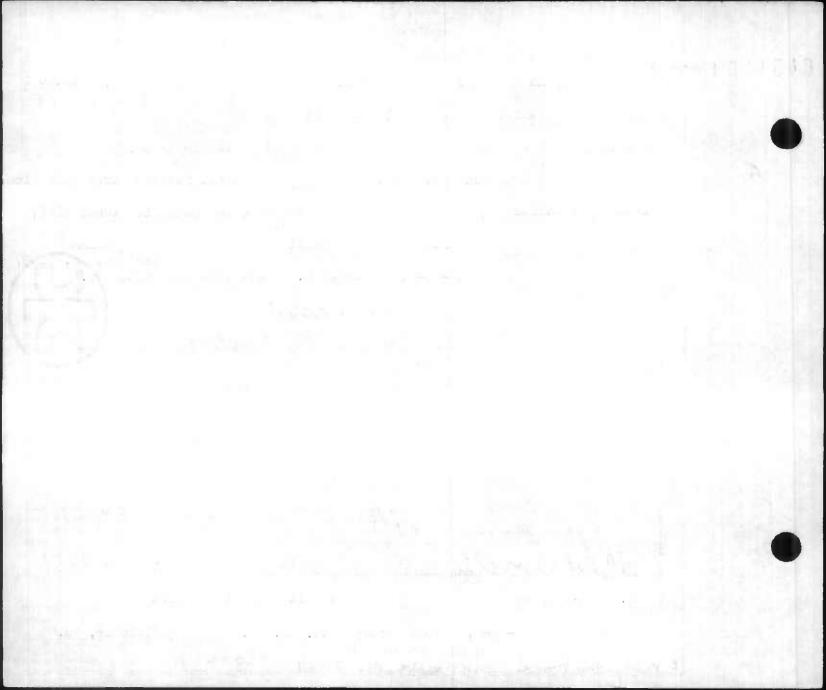
APORTANT II hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	REGISTRAR				CERTI	FICATE OF DEATH	REG.	NO	0 0		
	CEASED NAME	FIRST	-	WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
.0"	SE SE	allyAr	an	Mae		Howell		2 2	20 87	11:00 M	
3 SE	X		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
F	emale	400	White		7	19 34 TEAR	52	YRS	MONIHS DATS	HOGRS MIN	
	IRTHPLACE (STATE OR I	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
	Maryland		US	SA	WIDOW		BALTI	MORE C	COUNTY	MD	
	ITY OR TOWN OF DEA	ATH .			IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	126 KIND C	126 KIND OF BUSINESS OR		
1 5	GLEN ARM		6200 I	Bonaparte	Ave.		School			Hall El	
บรบ	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					110000 222	
	state ryland	Balt:	imore	13c. CITY OR TOW	N	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS			e 21057	
16.	ATHER'S NAME	2002 0				IS MOTHER'S MAIDEN NA		napar	e WAGIIO	6 210)	
	Ira.		MIDDLE	Smith		Hazel	MIDDLE		Hann	St Ch	
14- 1	WAS DECEASED EVER	ALLIE AD	MED EODCESS	166 SOCIAL SECU	IDITY NO	17. INFORMANT	ADD	PESS (1)			
	YES NO OR UNKNOWN)		E WAR OR DATES)							Arm, Md. 2105	
		<u> </u>		212-34-	2100	James R. Ho	well 6500	Bonapa			
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter an	ly ane cause per	line far tal, (b), an	d Ic I				BETWEEN	ONSET AND DEATH	
MOLL	diabete	U. A	eignes)		NOT RELATED TO THE TERM	200 AUTOPSY?		ES, WERE FINDI		
CERTIFICATION	196 DATE OF OPERA	HON	MAR COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO NO	IN CERT	IFYING CAUSES		
8	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJU				AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART OR PART 2)		
JA.	OR CONTRIBUTING		1171	M. MONTH D	19						
MEDICAL	21d INJURY OCCURRED 21e PLACE				211 LOCATION	CITY OR	IOWN	COUNTY	STATE		
Z	WHILE NOT WHILE AT WORK		REET FACTORY OFFICE, F	ARM ETC)	SIREET	ÇII. OK			3		
	220.1 certify that (1)		tal) attended th	e deceased from_	71	860 19	10 Da	u_	1987	that (I) (we) last	
	saw the decease abave, (I) (we) (371.	ind that in (my) (aur) apinian	death accurred an the	date and ha			
	22b SIGNATURE	did) (did na	t) wew the bady	after death.		DEGREE			22c DATE	SIGNED	
	Al hablawayth					ATTENDING _		AFF V	2.	22.87	
	224 PHYSICIAN'S NAME (TYPE OR PRINT)					PHYSICIAN L	DIRECTOR PHYS	ICIANIA	Xi	19101	
	1										
	Dr. Chal					University		West			
	BURIAL, CREMATION,	REMOVAL	236 DATE			CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	Rurial		2-24-	-87 For	k Uni	ted Meth. Ch.			timore,		
24 F	UNERAL DIRECTOR			1175,00 PRESS C	elhu	R Rd, 250 DAT	E REC'D. BY REGISTRA	R 25b. REGIS	STAR STARTS	The second second	
f.	F. Lassah	w How	-e 1	CINACHIL	1-e. Y	Md. 21087	LERSO	两/	والمراز والمار	to he good	



	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. 0 3 / 5 4							
EB	DECRASED NAME FIRST Mr. Alden G				nell Ho		AS1		February 5 1987		
	Male			Caucasian Apr 7b. CITIZEN OF WHAT COUNTRY? & MARRI		5. DATE C	1 30 1900 YEAR	86 9. BALTIMORE CITY OF COUNTY OF DEAD BALTIMORE COUNTY OF DEA		FUNDER I YEAR IF UNDER 24 HRS.	
9						MARRIE WIDOWE	D NEVER MARRIED DIVORCED			FDEATH	MD.
0	13a STATE 13b COU			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) OLD COURT NURSING HOME			176 USUAL OCCUPATION 179E OF WORK FOR MOST OF WORKING LIFE) 179E OF WORK FOR MOST OF WORKING LIFE) 170 USUAL OCCUPATION 170 USUAL OCCUP			of Business OR ral Electric	
5				ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMINITY INTY INTO 13c. CITY OR TOWN LOCHEATT		N	134. INSIDE CITY LIMITS? 138.STREET ADDRESS		S / ZIP CODE Avenue		21207
D		ATHER'S NAME VILLIAM HOYT		MIDDLE LAST			15. MOTHER'S MAIDEN NAME ROSELLA Grenell MIDDLE			LAST	
T	160 WAS DECEASED EVER IN U.S. ARMEI			MED FORCES? WAR OR DATES)	223-01-1		3821 Plum Meadow Drive Ellicott			City	21043 Maryland
		18 CAUSE OF DEAT PART I. DEATH W	y one couse per BY: CAUSE (a)	line for (a), (b), and	Deal	mone	arest		BETWEEN	MATE INTERVAL ONSET AND DEATH	
		Canditions, if any, gave rise to imm cause (a), statin underlying cause	(b)	OR AS A CONSEQUENCE OF					(0	yaii	
	NOI	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 10	0
9	CERTIFICATION	190 DATE OF OPERATION 196. COND		CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES NO YES					
9		OR CONTRIBUTING CAUSE OF DEATH HOUR A.		TIME OF INJURY UR A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCU	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAG		1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	THE	21e PLACE (DF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		220. I certify that (1) (this haspital) attended the deceased fram 19									

DHMH - 16 60M 7/84 (VRA 15, 4)

Entombment

22d PHYSICIAN'S NAME (TYPE OF PRINT)

23a BURIAL, CREMATION, REMOVAL

2/9/87

BUC WAN

23c. NAME OF CEMETERY OR CREMATORY Woodlawn Mausoleum

Fred allstown of 2133 23d LOCATION
CITY OF LOWN
Woodlawn

Baltimore

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE 8728 Liberty Road Randallstown, MD. 21133 FEB 1 1 1987

MD.

with which april 1995 of tellocal

HVK -3 17	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	3 / 5 5				
4.7	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
deoth	Gertru	ıde M.	Hubbard	2	25 '87 2:10A _M				
3	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY).	MONTHS DAYS HOURS MIN				
20	Female	White	3 19 1905		RS				
1 38/170	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH				
1	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Co	ounty MD				
3/10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND OF BUSINESS OR				
	Baltimore /	Little Sisters	of the Poor	Waitress	Food Service				
271	SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 134. CITY OR TO	ORE ADMISSION) WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	21201				
201	Maryland -	Baltin	nore YES X NO [524 N. Charles	st. 21234				
+20 M	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST				
Post	Charles	F. Hubbard	Mary	Α.	Khell				
9 16	WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN)	ARMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRESS	21 220				
1/-	No	212-07-	7955 Sr. Maureen	601 Maiden (21228 Choice Lane				
	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b),	and (c	,	BETWEEN ONSET AND DEATH				
1	PART I. DEATH WAS CAUS	ATE CAUSE (0) KIS	isatory and	18					
11		DUE TO, OR AS A CONSEQ	UENCE OF						
0 0 0	Conditions, if ony, which	(b)							
1	gove rise to immediate couse to stating the DUE TO, OR AS A CONSEQUENCE OF								
5	underlying couse lost	(c)							
6			DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 1(0)				
8 shows ony left	Cenfestre	hear fai	lure, Phelina	16 Gard	de arry da's				
A Cour	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?				
shows				YES NO	YES _ NO _				
-/-	00.00.00.00.00.00		DAY YEAR THE HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)				
or Hem 18 sho	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	- 19 -	-					
	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
morked	WHILE NOT WHILE AT WORK				1 00				
.00		pital) attended the deceased from	00	4 , 10 2/2	19.6 , that (I) (we) lost				
n 21		not) view the bodylatter death		in death occurred on the date one	hour and from the couses stated				
Hea	226. SIGNATURE RO	on al le-Re	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED				
IMPORTANT: #		0	PHYSICIAN	DIRECTOR PHYSICIAN	2 25 87 .				
RIA	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS						
MPORTANT: #	Dang K		3455 Wilke	ns Avenue					
≥ 23	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY STATE				
_	Burial	2/27/87	Woodlawn Cemetery		altimore Md.				
1/76	I. FUNERAL DIRECTOR	ADDRESS			GISTBAR'S SIGNATURE				
	Hubbard Funera	l Home, Inc. 410	7 Wilkens Ave.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Annual and State of the Party o				
-									

STATE OF MARYLAND

FEB 27,882,5 Sun

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

10	1	
0	1	
-	REG NO	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 / REG. NO.								3 / 5	5 6	
	{TYPE	CEASED NAME FIRST .		Hi	ghes	20. DATE OF DEATH	2 2	87 7	30 pm	
7	3. SE)	MALE RTHPLACE (STATE OR FOREIGN	White	S. DATE C	DAY YEAR 11 1903	BALTIMORE CITY O	YRS	DAYS HOURS	MIN.	
5	1	JARY/AND	(U,S,A	MARRIE	NEVER MARRIED DIVORCED	Baltin			MD.	
0	Ga	fvortownofdeath rrison	GARRISON	STREET ADDRESS)	DROTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOSTO Store Mgr	F WORKING LIFE) IN	b KIND OF BUSIN DUSTRY Clothin		
2	13a S	AL RESIDENCE (IF NURS) TATE Md. rc	TY 13¢ CITY OF		134 INSIDE CITY LIMITS?		zip code Main St	. 21074	ł	
00) FA	THER'S NAME FIRST Elmore	widdle Hi g	hes	15. MOTHER'S MAIDEN NAME Mable	WE	Mi	ller		
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 01=1107	Mrs. Mae	Hughes, F		ad, Md.		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT	y one couse per line for 101, DBY E CAUSE 10)	Resp.	irotony +	Sailine		APPROXIMATE INTI- BETWEEN ONSET AN		
		Conditions, if ony, which gove tise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF								
	NOI	PART 2 OTHER SIGNIFICANT C	Cerebra 1	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART 1:0		
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	vhich operatio	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USI G CAUSES OF DEA NO	ATH?	
7	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)		
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	OWN C	COUNTY	STATE					
		220.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did no	メハイー	1	nd that in (my) (our) opinion	death occurred on the d		from the couses s		
		22. SIGNATURE SYM	Whan	M		DIRECTOR PHYSIC	FF	2-4	-87	
1		SHAUKAT	Y'KHAN		1528 KING		1 DRIL	E; BALL	1220	
C		Burial, CREMATION, REMOVAL Burial	23b DATE 2-5-87		tead Cemeter	ry Hampste	ead Car	roll Mc	STATE .	

Ha mpstead

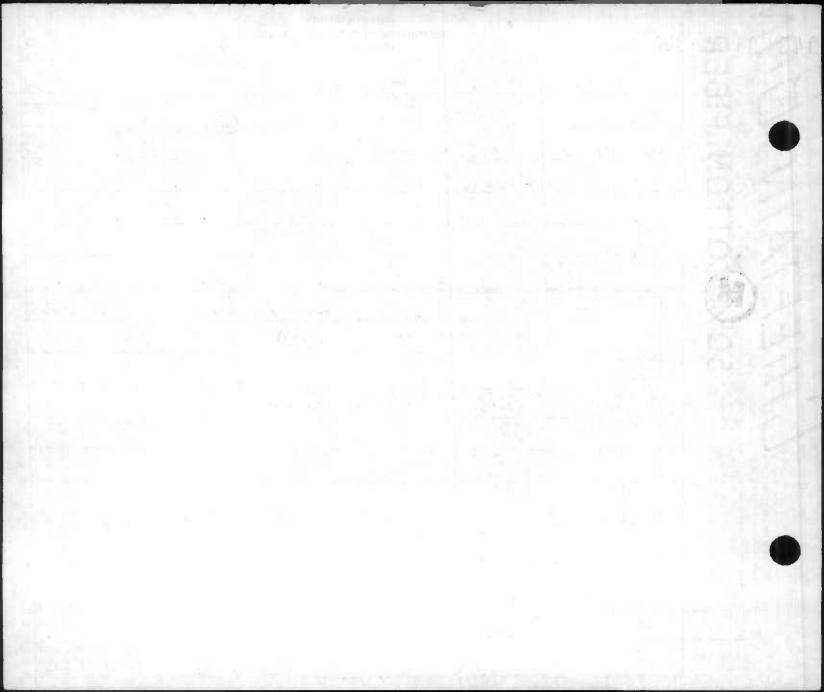
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DHMH - 16 60M 7/84 (VRA 15, 4)

Eline Funeral Home

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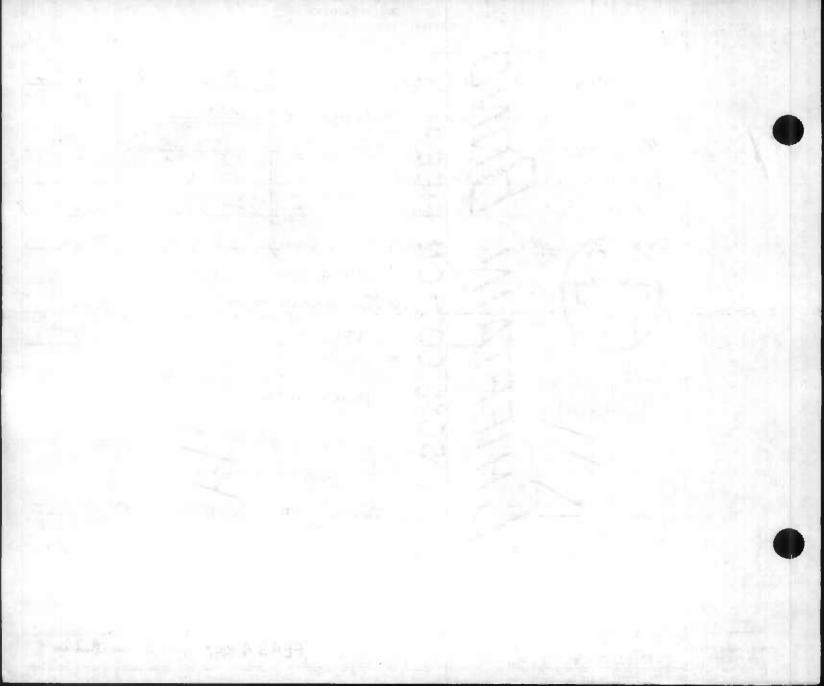
MPORTANT If Hem 21 is morked or Item 18 shows ony injury, or other trour



MITCHELL FUNERAL HOME PA. HAVRE de GRACE, MD.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



filled in by the funeral director, page 3 outdied be fried within 72 hours after death

npopers. Pages 1

FOR - STATE

		STA	\TE	OF	M	ARYL	AND	
•	ARTMENT	OF	HE	AL	TH	AND	MENTA	1

DEPAR CERTIFICATE OF DEATH

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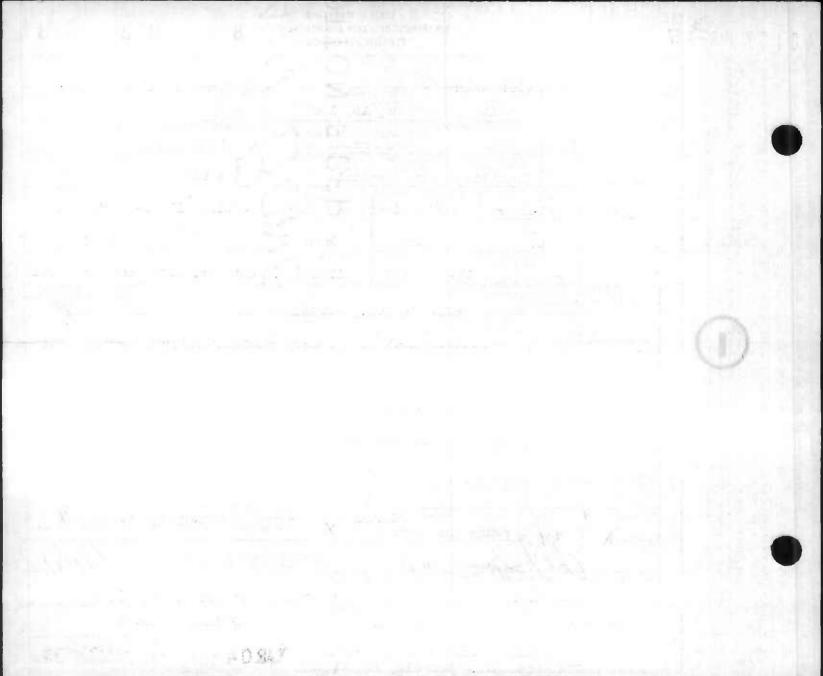
	REGISTRAR			42	TOTAL OF PERSON	REG. NO)		
	DECEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
Е	M.	v Viola	HINT			Echausau 2	7 100	7	11./10n M
3	SEX	A RACE I d	HUNI	S. DATE C		February 2		UNDER I YEAR	IF UNDER ZAHIRS
L	Female	Whit	e	May	10, 1906 YEAR	80	YRS	DAYS	HOURS MIN.
71	BIRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
	Pennsylvania	USA		WIDOWE		Baltimore	County		MD.
11	Rossville	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET, IN Square	ADDRESS]	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewife	ON F WORKING (IFE)	126 KIND C INDUSTRY Own	Home
	ISUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			•	2.	1220
1	Maryland B	altimore	Middle		13d INSIDE CITY LIMITS?	Hopkins V	ZIP CODE	Brett	Ct1
) "	FATHER'S NAME FIRST John	MIDDLE C.	Ashto	on	15. MOTHER'S MAIDEN NA FIRST Emma	ME MIDDLE		Perr	y Y
10	a WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
L	NO NO OR UNKNOWN) (IF YES	(1F YES, GIVE WAR OR DATES)		5121	William E.	Hunt, Jr. 8	3344 Be	ear Cr	eek Drive
		DUE TO, O	R AS A CONSEQUE	DEATH BUT	ic Coronary V			N IN PART 10	0
	190 DATE OF OPERATION	19h COND	I nrombocy	COPERATION	ia IN WAS PERFORMED	20g AUTOPSY?	206. IF YES,	WERE FINDI	NGS LISED
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	176. CO.115		ANTON WHICH OF ENABLISH WAS FENT ON MED					NO [
		DEATH HOUR A.	PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PAR	T I OR PART 2)	
	OR CONTRIBUTING CAUSE OF 21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	270 I certify that it (this he saw the deceased alive above, it (we) (and) (at 27b. SIGNATURE	Extrus				. to Februar deoth occurred on the do MEDICAL STAI DIRECTOR PHYSIC	FF /	-	that (X (we) last e couses stated E SIGNED
	22d. PHYSICIAN'S NAME (TY				22e ADDRESS		/		
1	Chet Wyman	, M.D.			9000 Frankl	in Square D	rive,	21237	
2	30 BURIAL, CREMATION, REMOV			estvi	EMETERY OR CREMATORY EW	Baltimore	, Mary	aldn	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed to should be detached for use as the burial-transit permit. Then pleat with the State Dept. of Health and Mental Hygiene prior to burial. MPORTANT: If Hem 21 is morked of Hem/18 shaws any injury, or

> 24 FUNERAL DIRECTOR Duda-Ruck Funeral Dume of Dundalk 7922 Wise Ave. Dundalk, MD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF D

/	0	3	7	5	7	
REG. NO.						
EATH MONT			rear 1	26. HOL		
ary 20		87		6:10	5am	
S LAST BIRTHDAY		IF UNDER	DAYS	IF UNDER	MIN.	
76	YRS.	ONINS	DATS	HOURS	MIN.	
CITY OR CO		OF DEA	TH			
ore Co	ount	у` –			MD.	
CUPATION		1 126/k	INDO	BUSINI	ESS OR	
CUPATION OR MOST OF WOR	KING LIFE	INDU	STRY	Hol	abird	
Super	MIG	11-		5 / .	-	
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ADDRESS		ъ.,			_	
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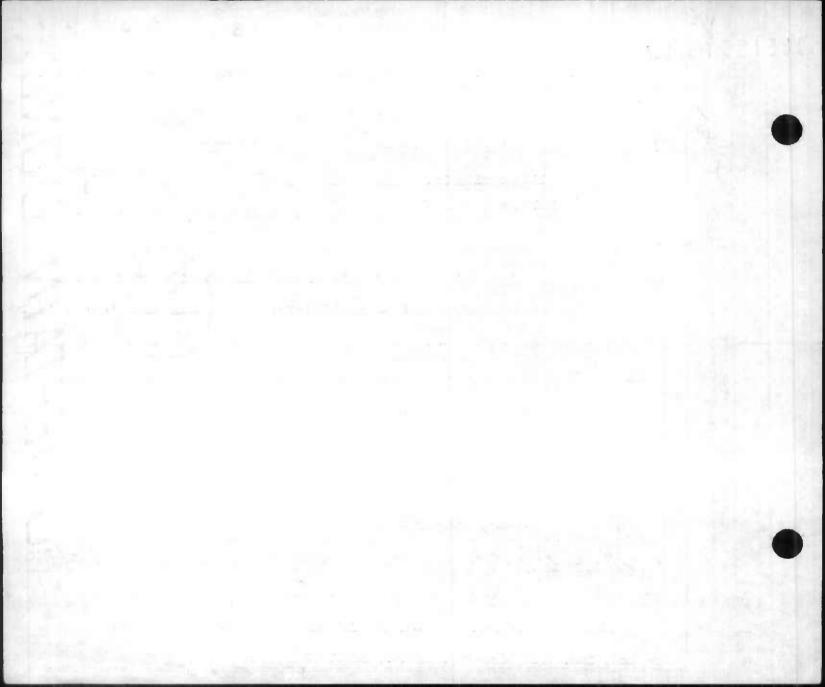
prior Нуд Mentol-tre D FUNERAL DIF nould be detach ith the State De - STATE

REGISTRAR I-DECEASED NAME

(TYPE OR PRINT) Huth, Sr. Louis G. Februa 960 4 RACE 6. AGE IN YEAR 3. SEX 5. DATE OF BIRTH White Male TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE MARRIED NEVER MARRIED Baltin 1920 DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OC (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FO Dundalk 115 Bayside Dr Baltimore Dundalk 13d INSIDE CITY LIMITS? 13e STREET AD NO S 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST Lawrence Huth Helen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NOX NO [710. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY STATE CITY OF TOWN STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on thorney and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did Adid not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL STATE 2-23-87 Burial St. Stanislaus Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE die Deviden Rendere Duda-Ruck, Inc. 7922 Wise Ave. Balto., Md 21222

DHMH - 16 60M 7/84

(VRA 15, 4)



2/17/87

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Skilles Funeral Home

Burial

Baust Church Cem.

Taneytown, MD 21787

Tyrone, Carroll, Maryland

2b HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

21157

STATE

14-

87

IF UNDER I YEAR

INDUSTRY Service

Bowman

COUNTY

22¢ DATE SIGNED

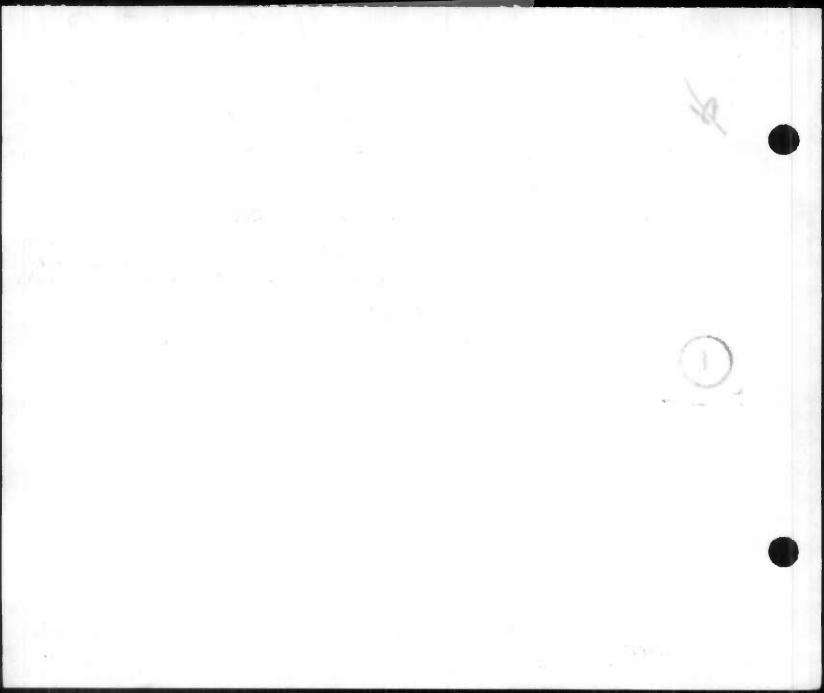
136 E. Baltimore St 250. Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

HYGIENE	8	7	0	3	1	6	

046039 MAR	14 STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 0 3 / 6 1 REG. NO.
ge 4 may be rectar, page 3	DECEASED NAME (TYPE OR PRINT) DECEASED NAME (TYPE OR PRINT) ANN DECEASED NAME (TYPE OR PRINT) DECEASED NAME (TYPE OR PRINT) ANN DECEASED NAME (TYPE OR PEINT) DECEASED NAME (TYPE OR DEATH MONTH DAY YEAR 26 HOURS) ANN DECEASED NAME (TYPE OR DEATH MONTH DAY YEAR 26 HOURS) ANN SEX DECEASED NAME (TYPE OR DEATH MONTH DAY YEAR 26 HOURS) DECEASED NAME (TYPE OR DEATH MONTH DAY YEAR 26 HOURS) DECEASED NAME (TYPE OR PRINT) DEC
fer death. Page funeral direct little 72 laurs	FEMALE BLACK 3 4, 1894 93 YRS. 10. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTY? MARRIED NEVER MARRIED DIVORCED DIVORC
rLAND 21201 Thin 24 hours off the din by the should be the	BALTIMORE FOREST HAVEN NURSING HOME HOMEMAKER HOME BUSING HOME USUAL RESIDENCE IF NURSING/HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS / ZIP CODE BALTO, MO. 13d. INSIDE CITY LIMITS? YES NO 2006 RIDGEHILL AVE, 21217
'IMORE, MAR') De executed with and camplete. Deges and 2	RALEIGH MIDDLE JONES HANNA MIDDLE JOHNSON-JONES 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IS SOCIAL SECURITY NO. 17. INFORMANT MR. ADDRESS BALTO, MO. 2/2/8 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 209-26-8230 DAVID S. JONES 1506 RAWLINGS WELL RO
W. PRESTON ST., BALTIMORE, MARYLAND of the death certificate be executed within 24 or the attending physician and campletely filler corban papers. Pages 1 and 2 shauld the transmitted event, the medical expanse comp	BETWEEN ONSET AND DEATH PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF
201 es th	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 210. ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY 2110. TIME OF INJURY INJURY OF INJURY 2110. TIME OF INJURY I
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or attending physician. After this certificate has been in se as the burial-transit permit. The olith and Mental Hygiene prior is a marked at them 18 shaws any infan	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR OR COUNTY OF INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR A.M. MONTH DAY YEAR OR COUNTY OF INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR A.M. MONTH DAY YEAR OR COUNTY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CAU
the hospital of the office of the of	270 E certify that (I) (this hospital) attended the deceased from 19 to 2 to 19 2, that (I) (S) lost sow the deceased alive an obove. (I) (MS) (did) (do AD) view the body after death. 270. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
TO HOSPI retoined b TO FUNE should be with the SS	27d. PHYSICIAN'S NAME (TYPE OF PRINT) HARRIED B. BUB MD 7220 POUR HEYRIC ZIZEF 13d. BURIAL CREMATION, REMOVAL 23b. DATE 32c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN BALTIMORE, MD,
BP DHMH - 16 50M 4/83 (VRA 15, 4)	BURIAL 3/2/1987 ARBUTUS MEM. PK. BALTIMORE, MD, NUATTER + SONS FUNERAL HOME, INC., 1250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 2501 GWYNNS FALLS PKWY, BALTO, MD. 21216 MAR 03 1987 Julia Diridum. Ruder



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC NO				- 2

3		REGISTRAR			MI	EDICAL	EXAMIN	IER'S	CERTIFI	CATE	OF DEA	TH	REG. NO	D.			
		CEASED NAME OR PRINT)	WIL	LIAM		Welc	h	~	TACK	SON		20 DATE K OF DEATH	ESTI-	MONTH 2	9	YEAR 1987	26 HOUR 1330
1		m	4. RACE	MON /	N A	YEAR 3.3	6. AGE (IN YE LAST BIRTHD	AY) MON	NDER 1 YR.	HOURS	MIN	20 DATE PRONOUNG DEAD		MONTH 2	9	YEAR 19 87	2d HOUR 1429 M
2	P	RTHPLACE IST REIGN COUNTRY) CONSYL	vania	76. CI	U.S.	A.	ITRY?	8 WIDO	VED NE	VER MARR	RIED	Balt:	imore	Coun	ty		MD
3	Spa	rrows	Point	8	Affle	ACHITY. GIVES	1 57	ce/	HER INSTITU	NOIT		Iwrigh		é OF WORK	Ste	ND OF BUSER INDUSTREEL M	fgr.
1		residence yland	(IF IN NURSING	HOME OR OTHER	ore	13c. CITY	OR TOWN	ION)	13d. INSIDE (ITY LIMITS?		eet addres 84 Bro		ew Rd		2122	22
3	14 FA	THER'S NAME Thomas		Andre	ie EW	Ja	ckson			ssie	EN NAME	Bla	anche		W	elch	
1	16a. W (YE	AS DECEASED S. NO. OR UNKNO Yes	WN) (IF Y	S. ARMED FO	DATES)	2/	-26-	Y NO.	17 INFOR	MANT CCa]	(Bess: L. Ja	ie L.) ckson	ADDRESS (Wife	e) (Sam	e as	13e)
		Condition gove ris	ATH WAS C IMA ns, if any, se to imm stating the	AUSED BY: AEDIATE CAU which ediote	JSE (a)	OR AS A COM	JSEQUENCE		clear	ma	nctu	on				pproximate ween onset	
	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 100															
2	CERTIFICATION	19a DATE OF					WHICH OPER				0.00				,	YES	NOX
3	CAL	216 EXTERNA UNDERLYING CONTRIBUTION 216 INJURY CONTRIBUTION WHILE AT WORK	OCCURRED	SE OF DEATH	P. 21e PLACE			R	OW INJURY	OCCURR	A RETURN DR	CITY OR TOW			unty		STATE
		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry and in my a death resulted fram: Natural causes . Accident , Suicide , Hamicide . Undetermined monner .										DATE	oinion	2/9/2	57		
1		EXAMINER'S (TYPE OR PRI	11) J.C	Russa	N O	Dono	VAN		ADDRESS.	21/2	BUND	ALK A	vē.,	BAL	T,_	MD. 2	12 >2
	730.BL	JRIAL, CREMA	HON, REMO	VAL 736 DA	I E	230 1	NAME OF CE	METERY	OR CREMAT	ORY	236 LO	CATION		COU	NTY	514	ATE

DHMH - 17

TO FUNERAL DIRECTOR: PAGE 35HOULD BE USED AS A BUR AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH ANI BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL. CREMATIC

(VR A15 ME (5)) 20M 4/82

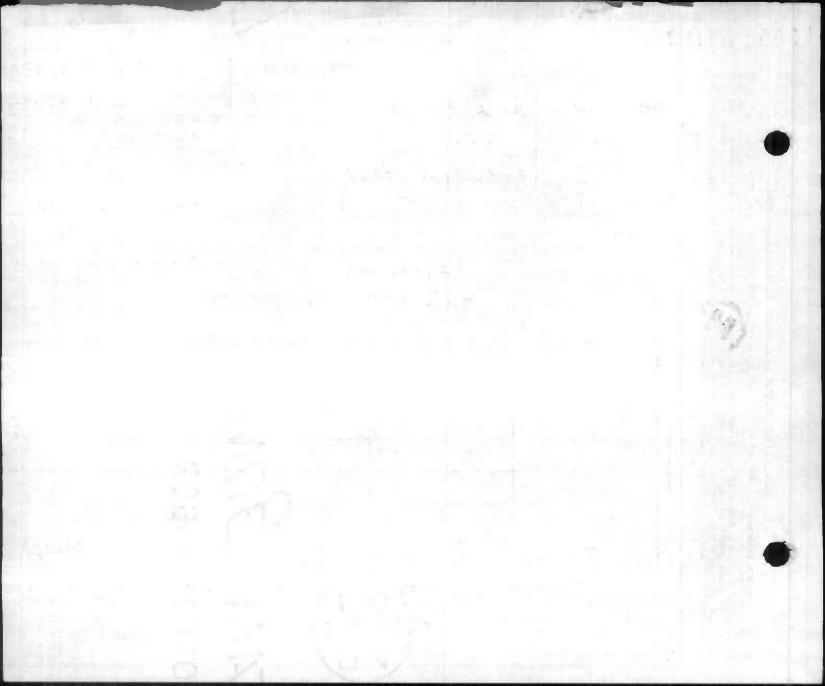
Burial 2/13/1987 Oak Lawn Company Property Oak Lawn Company Oak Lawn Compa

Oak Lawn Cemetery

21222

Baltimore

re Maryland
256 REGISTRAR'S SIGNATURE



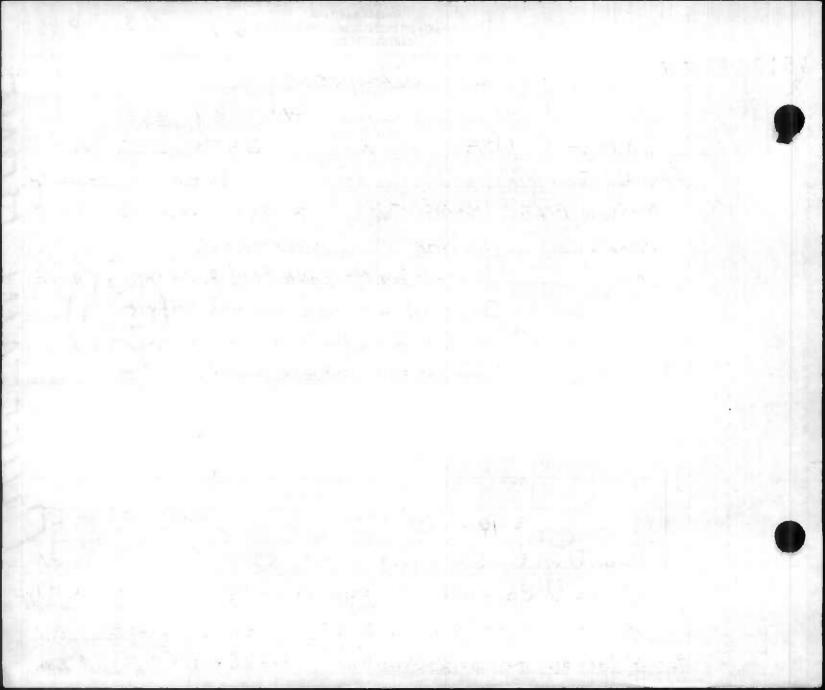
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

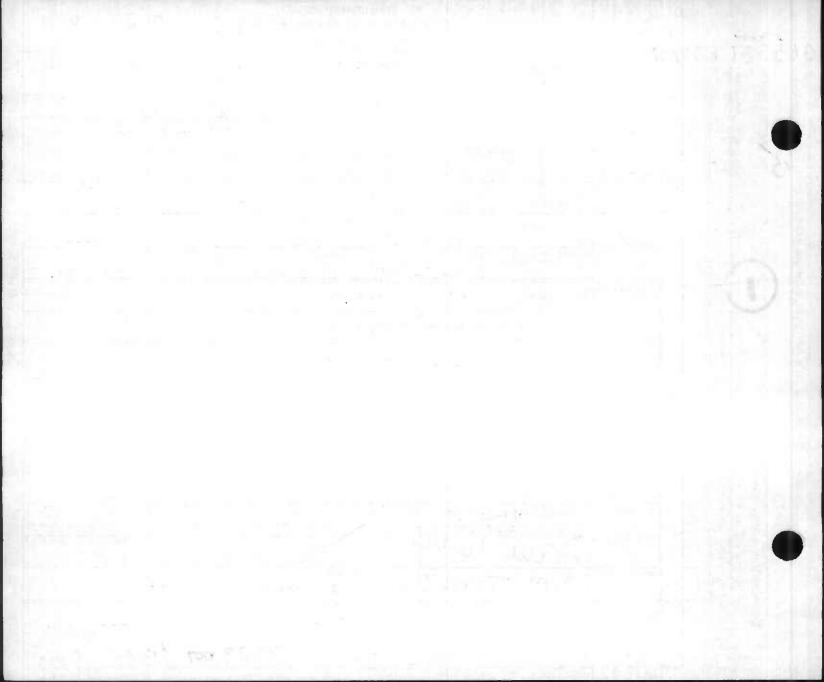
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		REGISTRAR		CERTIFICATE OF DEAT	REG. N	10.	
2 0		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
6	Dug	DORAT	hv 1.	JacobsAl	v 6	EL 19	87 1139
	3. SE		4.RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY) IF UNDE	RIYEAR IF UNDER 2.1
		=	1. /	MONTH DAY Y	897 89	MONTHS	DATS HOURS A
-	70.8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MAY 28	9 BALTIMORE CITY	YRS.	ATH
1		COUNTRY)	1151	MARRIED L NEVER MARRI	ED - DAIT.	1.00	~/
6	10.6	RUSSIA	USA	WIDOWED DIVORC		OKL- C	GUNIY
X	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OF OTHER INSTITUTE	TOWN TYPE OF WORK FOR MOST	OF WORKING LIFE) IND	KIND OF BUSINESS SUSTRY
0	KI	ANDALLSTOWN	MERIDIAN NI	IRSING CENTER	NUR	SE	HEALT
5	U3/U	AL RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c, CITY OR TO		AITS? 13e.STREET ADDRESS	/ 7IB CODE	
2		MARYLIND BY	ALT. RANDA	1 1 1		AHDS RI	2113
	14. FA	ATHER'S NAME	11. 07.	15 MOTHER'S MAIL		יויי בשויוי	
0		MORRIS	MIDDLE I ECAIN	FIRST	MIDDLE		LAST
9	I An N	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		NKNOWN	RESS	0.13
1			VE WAR OR DATES)	1/10/1/10		0	8113
1	_	NO	220-2	2-1004 MARY A	VN SHAW 210	INNAMO	N CIRCL
		18. CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), (and (c :-)	Ti 10 -		APPROXIMATE INTERVA
1.5		PART I. DEATH WAS CAUSE	TE CAUSE (a) Intraci	table busien	had Keept	-oileens	
3		, and the same					
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, SAS A CONSEO	DEATH BUT NOT RELATED TO TH	m'os cleronic	ADITION CIVEN IN I	PART 11-
T. other	NO	TARK E OTTER STOTAL PERSON	CONTINUES CONTINUES TO	DEATH BOTH OF RELATED TO THE	TERMINAL DISEASE OR COL	ADITION GIVEN IN	AKT IIU
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O	FINDINGS USED CAUSES OF DEATH? NO
	Ä	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY	OCCURRED (ENTER NATURE OF IN)		
9	100	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR			
/	MEDICAL	116 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION			
	WEI	Carlotte Control of the Control of t	(AT HOME STREET FACTORY OFFICE		CITY OR T	OWN CO	UNIY STAT
		AT WORK AT WORK					
	1		ital) attended the deceased fram	1-30- 19	35 to 7 =	19- 19-8	, that (I) (we
		22a I certify that (I) (this hasp	ital) attended the deceased from	2-7	85, to	date and hour and le	
		22a I certify that (I) (this hasp	at liview the body after death.	2-7			
		22a I certify that (I) (this hasp saw the decased allowed abave, (I) (we) did) (Ad no	at) view the bady after death.	DEGREE	opinian death accurred an the c	22 AFF	ram the causes states
		27a I certify that (1) (this hasp saw the damaged allowed above, (1) (we) (did) (and no 27b. SIGNATURE	at liview the body offer death.	DEGREE ATTEN PHYSI ATTEN PHYS	opinian death accurred an the c	22 AFF	ram the causes stated
T		22a I certify that (I) (this hasp saw the decased allowed abave, (I) (we) did) (Ad no	at wiew the body after death.	DEGREE ATTEN PHYSI 27e ADDRESS	opinian death accurred an the c	22 AFF	ram the causes states
Τ		27a I certify that (1) (this hasp saw the damaged allowed above, (1) (we) (did) (and no 27b. SIGNATURE	at liview the body offer death.	DEGREE ATTEN PHYSI ATTEN PHYS	opinian death accurred an the c	22 AFF	ram the causes stated
L		22a I certify that (1) (this hasp saw the deceased olympia abave, (1) (we) did i cha no 22b. SUGNATURE 22d. PHYSICIAN'S NAME ITYPE CESAR USURIAL, CREMATION, REMOVAL	er Covers PRINTI CAVERU	DEGREE ATTEN PHYSI 27e ADDRESS	DING MEDICAL STACIAN DIRECTOR PHYSI	22 AFF	ram the causes stated
L		27a I certify that (I) (this hasp saw the deceased olymphone) abave, (I) (we) idid (old no 27b. SIGNATURE 27d. PHYSICIAN'S NAME ITYPE CES AR USBURIAL, CREMATION, REMOVAL (SPECIFY)	PRINTI CAVE DV 23b. DATE 23b. DATE 23c.	DEGREE ATTENI PHYSI 270. ADDRESS 5310 OR NAME OF CEMETERY OR CREMA	DING MEDICAL STACIAN PHYSICAL PHYSICAL PHYSICAL STACIAN OF RECTOR PHYSICAL	Roukelly	ram the causes states
L		22a I certify that (1) (this hasp saw the deceased olympia abave, (1) (we) did i cha no 22b. SUGNATURE 22d. PHYSICIAN'S NAME ITYPE CESAR USURIAL, CREMATION, REMOVAL	PRINTI CAVE DV 23b. DATE 23b. DATE 23c.	DEGREE ATTEN PHYSI 22c. ADDRESS 5310 OU NAME OF CEMETERY OR CREMA OSES MONTIFOR	DING MEDICAL STACIAN DIRECTOR PHYSICAL	Roubelly 23 BAL7	C. DATE SIGNED 2 - 20 - 3 LOW U Y
		270 I certify that (I) (this hasp saw the damaged alive above, (I) (we) did (Ad no 27b. SIGNATURE 272d. PHYSICIAN'S NAME ITYPE CESAR BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DIRECTOR	PRINTI CAVE DV 23b. DATE 23b. DATE 23c.	DEGREE M. D ATTEN PHYSI 270 ADDRESS 5310 OU NAME OF CEMETERY OR CREMA MOSES MONTIFOR 21208	DING MEDICAL STACION ORRECTOR PHYSICAL	Roubelly 23 BAL7	C. DATE SIGNED 2 - 20 - 3 COUL (Y STAN

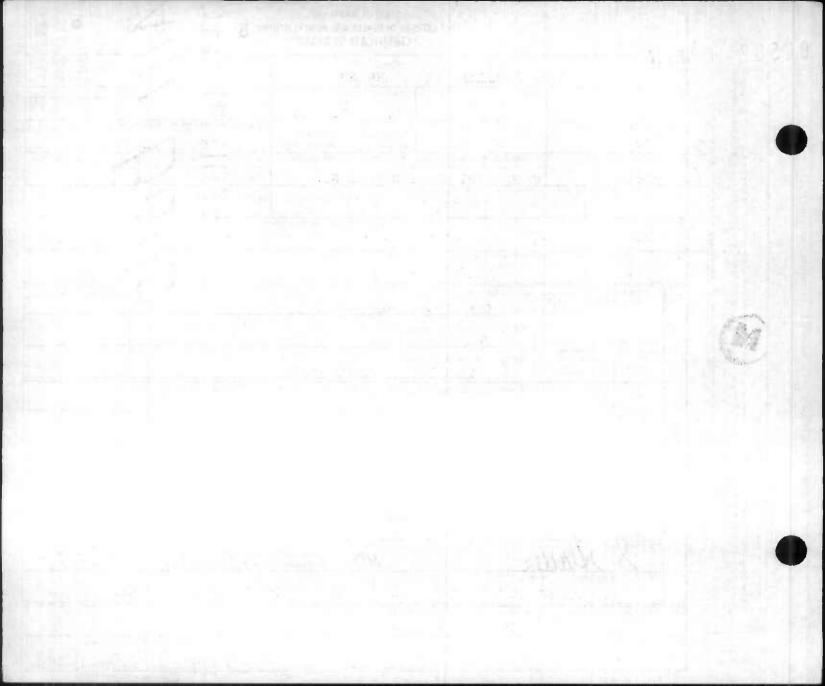
DHMH - 16 60M 7/8 (VRA 15, 4)



1 E E O 1 E E O 2	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 7	0 3 /	6 4
FEB 2		CEASED NAME FIRST	nk	JEMELLARO	February 2		3:45p _M
ctor, po	J. SE	× ALE	CAUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR 06 10 10	6 AGE (IN YEARS LAST BIRT	YRS.	AR IF UNDER 24 HRS S HOURS MIN.
14 40 00 CO Z		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED M NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OF	County OF DEATH	MD.
501 117		OSSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) UARE HOSPITAL	12ª USUAL OCCUPATION OF WORK FOR MOST OF SUPERVT	WORKING LIFE) INDUSTRY	OF BUSINESS OR
ARYLAND 212	30. S	ARYLAND BA	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW LTIMORE ROSEDA MIDDLE LAST	ADMISSION) /N 13d. INSIDE CITY LIMITS? YES NO NO NO FIRST	13e STREET ADDRESS / 5602 DAY	ZIP CODE 212 BREAK TERI	206 RACE
IMORE, M		MARCEILO WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GP	JEWEI MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215-12-	URITY NO. 17. INFORMANT	ADDRE		AEE. 21
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death centrate his recutant within 24 history that this centrificate has been signed by the attending any place and the buriol-transit permit. Then please remove cortain nature than Amental Hygiene prior to buriol, cremation, or immortal orked or frem 18 shows ony injury, or other troumatic event the medical examiner must be an	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	147	gf&fInfarct	Ninal disease or cond	DITION GIVEN IN PART T	110
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
PHYSICIAN: TI rending physici this certificate the buriol-transi od Mental Hygi dar tem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY	2H LOCATION	RED (ENTER NATURE OF INJUR		STATE
OR ATTENDI he hospital or DIRECTOR: A coched for use i. Dept. of Heal	W		(AT HOME, STREET, FACTORY, OFFICE, I			y 21, 19 87 te and hour and from the	, that (I) (we) lost
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store IMPORTANT:	23a. E	22d PHYSICIAN'S CAME	M TOURG	272e ADDRESS 9000 Fran	Iklin Square		-7 07
BP DHMH : 16 60M 7/84 (VRA 15, 4)		BURIAL UNERAL DIRECTION	23b. DATE 02/25/87 23c The O2/25/87 25c	IOLYREDEEMER 230. DAT	BATTIMO E REC'D. BY REGISTRAR FR 2 3 1007		



1	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		03/63
FEB	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. N	
	E OR PRINT)	NE FRANKLIN	JOHNSON	20. DATE OF DEATH	2 15 87 10:00A
3 SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
	M	В		19 67	MONTHS DAYS HOURS MIN.
3 L 70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	IED 🗆	DR COUNTY OF DEATH
10.0	TOWSON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET GBMC- 6701 NORT	ADDRESS)		OF WORKING LIFET INDUSTRY
	MD III COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 130 CITY OR TOW BALTO.	YES NO	□ 2222 CECIL	/ ZIP CODE - AVE. 21218
製力	JOHN JOHN	F. JOHNSON	IRENE FIRST	FIELDS	JOHNSON
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES) 16b SOCIAL SECU 21301109		HNSON 2222 CECI	
1	DADT I DEATH MAS CALICE	nly one couse per line for (o), (b), on ED BY: TE CAUSE (o) CARDIOPUL			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT ((c) METASTATI	C PROSTATIC CA		DITION GIVEN IN PART 110
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
100 P &	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D.	AY YEAR	OCCURRED (ENTER NATURE OF INJU	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	ARM, ETC.) 211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
211100	sow the deceased alive on above (1) (we) (did) (did no	ital) attended the deceased from $2-15$ 19 ot) view the body after death.			ote and hour and from the causes stated
- CAT # No	22d. PHYSICIAN'S NAME TYPE	ar	DEGREE HD ATTEN PHYSI 22e ADDRESS	IDING MEDICAL STAI	
NPORTA	S. GLASSE	ER, M.D.	GBMC	- 6701 NORTH CH	IARLES ST.
	BURIAL, CREMATION, REMOVAL ISPEBÜR IAL		NAME OF CEMETERY OR CREM	M. BALTO	COUNTY STATE
7/84	UNERAL DIRECTOR MARCH FUNERAL	HOME 1101 E. NO	ORTH AVE	250 DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE



	death. Pag	thereof dire
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that this bean cartificate be executed within 24 hours offer death. Pag- retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attention prysicion and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then pleas it may be not should be filed within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, commence amoval. MADRIANT: If them 21 is marked or them 18 states are injury, or other transmitteness; the medical examiner and be notified at oxide.
	TO HOSP	should be with the

STATE OF MARYL **DEPARTMENT OF HEALTH AND**

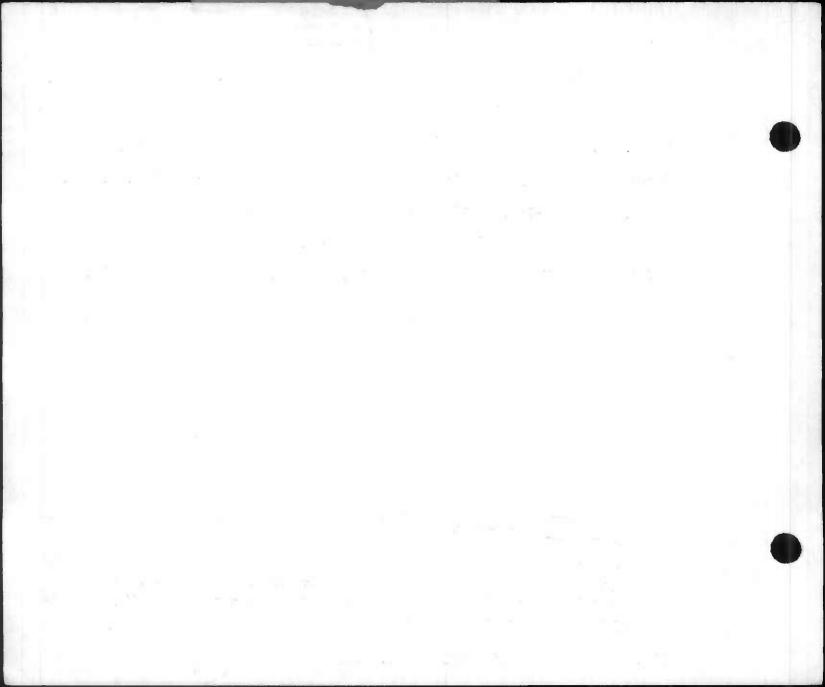
AND		0	-7	1	6	én
MENTAL HYGIENE	1	U	3	a	0	7
DEATH	REG. NO.					

9	78	FOR STATE REGISTRAR	DEF		IEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 /	6 3 o.		0	3
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH		YEAR	26 HOU	IR
	(1112	Paul		J	ohnson	Feb. 14,	1987		7 P.	• M
	3. SEX	(4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	JNDER TYEAR	IF UNDER	74 HRS.
		Male	White	June	3, Î915 ***	71	YRS	02.5		,,,,,,
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
		alto. Md.	USA	WIDOWE	DIVORCED	Balti	more Co			MD.
1		ty or town of death	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 200 Mysticw	STREET ADDRESS	OR OTHER INSTITUTION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired	F WORKING LIFE)	IZE KIND OF	F BUSINE	SSOR
100	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)						
5		Md. B		erstown		200 Mysti	cwood R	Road 2	1136	
7	I4. FA	THER'S NAME FIRST	MIDDLE LA		15. MOTHER'S MAIDEN NAM	AE MIDDLE		Noa	L	
1		Lars	Johnso		Frances			NOa	71	
1	16a. W		E WAR OR DATEST	SECURITY NO.	17 INFORMANT	ADDRE		Md		
		Yes WW 2	114-0	5-5475	Ms. Laura A.	Lareau Ba	ltimore			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	Ď BY:	mg c	ancer			BETWEEN	MATE INTER	DEATH _
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b)	SEOUENCE OF	NOT BELATED TO THE TERMI	NALDISFASE OR CON	DITION GIVEN	IN PART I.e		
	N O		continue <u>contraborar</u>	010021111	TOT RECYTED TO THE PERMIT	THE DIGETOR CO.	211101110111011			
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W IN CERTIFYIN YES T	VERE FINDING CAUSES	OF DEAT	TH?
7		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21¢ HOW INJURY OCCURRI			I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC)	ZII LOCATION STREET	CITY OR TO	wN	COUNTY	5	STATE
			101-101	_19, o	7/86, 19 nd that in (my) (auch opinion d	eath occurred an the de	157_ 19_ ote and hour or		that (1) (a couses sta	
		22b. SIGNATURE	Haber Q		DEGREE カカ ATTENDING PHYSICIAN M	MEDICAL STAI DIRECTOR PHYSIC		2//4	SIGNED	7
		22d PHYSICIAN'S NAME (TYPE O	Haber W	0	REISTER	TERSTO	wn n	nd 2	.113	6_
	23o B	surial, CREMATION, REMOVAL SPECIBUTIAT	2/18/87		emetery or crematory aints Cemetery	Reisters	town, †	Md".	5	STATE

Eline Funeral Home Reisterstown, Md. 21136

Y REGISTRAR 256 REGISTRAR'S SIGNATURE
1987 Julia Davidson Rondock

DHMH - 16 50M 4/83 (VRA 15, 4)



43932 FEB

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTI	RAR		DEPART		EALTH AND MENTAL HYO) 3 / 0 /
1. DECEASED N		M	IDDLE			REG. NO.	MAY YEAR 26 HOUR
(TYPE OR PRINT)	Mrs., K	atherin	e Lee J	ones	٤	February	7 1987 : 42
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR HUNDER 24
Female		Caucasi	an	Febr	uary 2 1910 **	77	MONTHS DAYS HOURS
BIRTHPLACE Maryla	(STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY? States	8 MARRIEI WIDOWE	DIVORCED	9 BALTIMORE CITY OR COU	
10 CITY OR TO Randa 1	wn of Death Istown		OSPITAL, NURSIN FACILITY GIVE STREET TE County		ROTHER INSTITUTION L Hospital	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK HOMEMAKEY	ING LIFE) 126 KIND OF BUSINES
USUAL RESIDE 130 STATE Mary la	nd list col	prother institution of INTY timore	BIVE RESIDENCE BEFORE 13c. CITY OR TOW Randa 11	stown	13d INSIDE CITY LIMITS?	13e.SIREET ADDRESS / ZIP 0 3601 Schnapper	CODE 2113
Rudolf	AME Montier	WIDDIE	LAST		Iouise Fred	rick	LAST
160 WAS DECE	ASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		20	ontier Jones DRESS	2113
no	(11.63.0	2.02.103	212-10-	6982	4410 Chape	eldale Rd. Rand	allstown Maryla
PARL2 NO		CONDITIONS CO	V	DEATH BUT	· V		IF YES, WERE FINDINGS USED
TIFIC						YES NON INC	ERTIFYING CAUSES OF DEATH
On COLUM	DENT WAS UNDERLYING RIBUTING CAUSE OF D R NOTIFY MEDICAL EXAMIN	LAIN	A. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2}
UIF EITHE 21d INJU	RY OCCURRED NOT WHILE AT WORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
sow obo	tify that () (this has the deceased alive a re, (1) (we) (did r	n_0.2-	07/19	87 . on		deoth occurred on the date one	d hour and from the couses state
22h SIGI	/ hor	mt		n	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	02.07.
	M -				22e ADDRESS		
Entom		2/10/8	B7 Lot	rraine	e Mausoleum	Baltimore	Baltimore M
	RECTOR Lorin					FEB 1 1 1987	Julia Jisida Y

DHMH - 16 60M 7/84 (VRA 15, 4)

TO MOSPITAL

BP

100 Departed more and all of sometimes defects. OR ATTENDING PHYSICIAN: The low requires that the death certificate

retained by the hospital or attending physician.

TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physishould be detached for use as the burial-transit permit. Then please remove carban paperwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event,

04396

may be

etely filled in by the funeral director, page 3 12 the id be filed within 72 hours ofter death

STATE OF MARYLAND

0	3	1	6	9
				_

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG. N	U	3 /	0
	CEASED NAME	FIRST		MIDDLE	Ł	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	OR PRINT)	. 1	Vien	'01. A	To	110.9		2 -	4. 87	635 PM
3. SE	X	4.	RACE	10,4	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Famala		Wha	ite	MONTH	28 1896	90	YRS	MONTHS DAYS	HOURS MIN.
2008	IRTHPLACE (STATE OR FO	REIGN 7b	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY			
2	COUNTRY) MD.		U.S		WIDOWE	D NEVER MARRIED DIVORCED	Ballo	Cou	nty.	MD.
10 C	ITY OR TOWN OF DEAT	н , 11			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND C	OF BUSINESS OR
	ochegoodly,	1.1	nd. n	A SON	2 Ho	me	Homemake	or working	(INDUSTRY	
Ha.	AT RESIDENCE IN HURSIN STATE M.D.	H OUNTY	-	13c. CITY OR TOW	N.	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	E.	1	31214
14. F	ATHER'S NAME			Pacce-		15 MOTHER'S MAIDEN NA	ME			12 12 17.
	FIRST	MID	4	LAST	rugh	e Cara	MIDDLE V .		Be	
16n \	WAS DECEASED EVER IF	NU.S. ARME		166. SOCIAL SECU	-	17 INFORMANT	ADDR	ESS	()0	9
	YES, NO OR UNKNOWN)	(IF YES, GIVE W		230-50-3		Marjorie go	res - York,	Pen	na. do	unfiterinte
	18 CAUSE OF DEATH	(Enter only)	ne couse ner	line for (a) (been	dicul	U II				MACL INTERVAL ONSET AND DEATH
	PART I. DEATH WA	S CAUSED E	BY.	1	- Do	ac Arres	+			
		MMEDIAIE		DAS A CONTROLL	TAICE OF					
	Conditions, if ony,	which	DUE 10, O	R AS A CONSEQUI	- 1	a Heart	Failure			
	gove rise to imme	ediote	10))					71
	underlying couse		(6)	R AS A CONSEQUE	ENCE OF					
	PART 2 OTHER SIGN	FICANT CO		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	NDITION (GIVEN IN PART TO	a
Z										
CERTIFICATION	190 DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FINDE	
TIF							YES NO		YES	NO 🗆
ER I	210. ACCIDENT WAS UNDE		216. TIME C		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM	18 PART 1 OR PART ?)	
AL	OR CONTRIBUTING C			M.	19					
WEDICAL	214 INJURY OCCURRI			OF INJURY		211 LOCATION	CITY OR T	OWN	COUNTY	STATE
X	WHILE NOT WHILE	E	(AT HOME ST	REET, FACTORY, OFFICE, I	ARM, EIC]	3,400				
	22s I certify that (h)	this hospital	ottended th	ne deceased from_			, to		19	that (I) (we) last
	above, (If (we) (di	d olive on	new the body	otte death	, 0	nd that in (my) (our) opinion	death accurred on the	date and l	hour and Iram the	couses stated
	275 SIGNATURE	0/10/0/10//	10	///		DEGREE	/		22c. DATE	SIGNED
	Val	m	K)4	1/		ATTENDING PHYSICIAN [MEDICAL ST.	AFF ICIAN [2-	6-87
1	THE PHYSICIAN'S NA	ME (TYPE OR P	RINT)	-		22e ADDRESS	1 0			,
	Yank	m	1	1 / 45		Many	land M	1450	ric A	Jomes
23a.	BURIAL, CREMATION, R	EMOVAL	23b. DATE	1	NAME OF	CEMETERY OR CREMATORY	23d LOCATION			,,,,,,
	Burial		2/7/8	7 Mo	relan	d Memorial Pa	rk Parkvill	Le, B	alto. Co	., Md.
	UNERAL DIRECTOR					York Rd. 25a DA		R 25h REC	ISTRAR'S SIGNA	TURE -
M	itchell-Wie	defelo	Home	Inc. Ba	1to.,	Md.21212	1 1 1987	John	Lisidian	

DHMH - 16 50M 4/83 (VRA 15, 4)

MIDDLE

FOR

REGISTRAR DECEASED NAME

23a. BURIAL, CREMATION, REMOVAL

uneral

'Home-4001

(SPECIEVE Buria

HMH - 16/60M 7/84

(VRA 15: 45

24. FUNERAL DIRECTO

Stewart

FIRST

- STATE

TYPE OR PRINT)

STATE OF MARYLAND

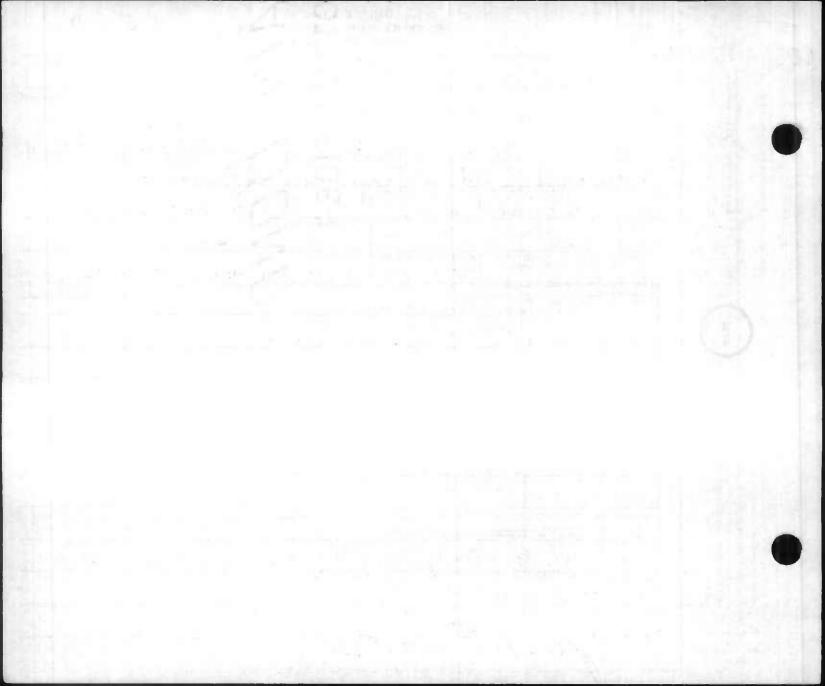
CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

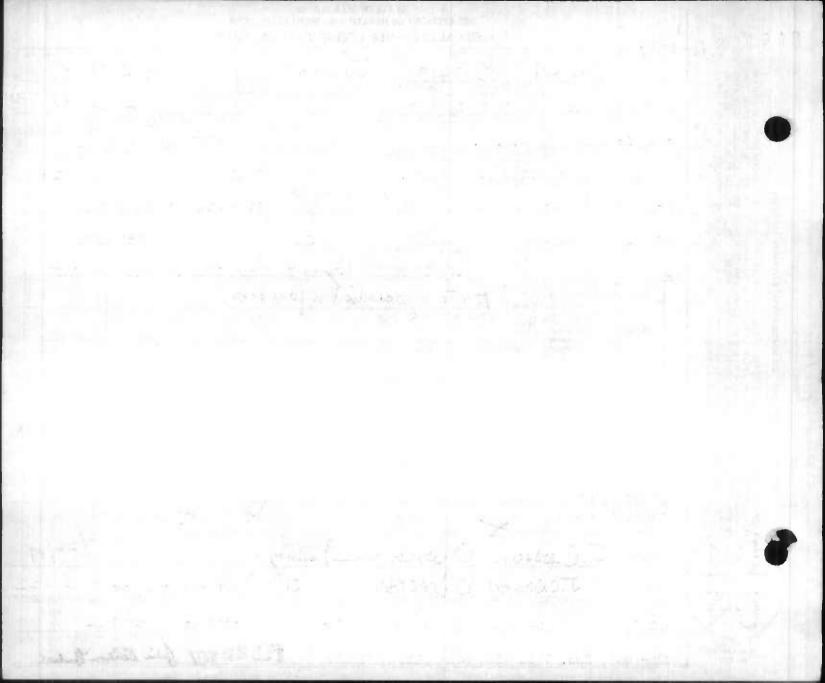
Road, N

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

20. DATE OF DEATH MONTH 26 HOUR F UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 12b KIND OF BUSINESS OR TAPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 13e STREET ADDRESS / ZIP CODE 1280 Neal Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OF TOWN COUNTY STATE 22c DATE SIGNED STAFF 23d LOCATION Memortial Park Landover Md 25a DATE REC'D, BY REGISTRAR 25b REGISTRAR'S SIGNATURE



							OF MARYL				-	The same of	9 1	1
1	FOR STATE						ALTH AND		0.00	1	0 3	1 1	1	3
		STRAR		MED	ICAL EX	AMINER	'S CERTIF	CATEC	OF DEATI	4 RE	G. NO.			
1. p	3 0	DNAME	FIRST		MIDDLE		LAST		2a.	DATE KNOW		TH DAY	YEAR	2b. HOUF
(1	YPE OR PR	INT	C 0.01	0.	YIP		Time	1 Anl		OF ESTI-		71	.87	
			SAN	C	ATLIF	25	Jul	1140			MONT		9 O /	1
5	EX	4. RACE		DATE OF BIRTH		GE (IN YEARS	MONTHS DAYS	R. IF UNDER		DATE	MON	H DAT	TEAR	2d. HOU!
F	ema:	le Whit	te I	April 18	19 6	7 YRS.				DEAD	1		198/	N N
7a	BIRTHPI	ACE (STATE OR	7b.	CITIZEN OF WH	AT COUNTRY	P B.	AARRIED 1	NEVED AA A DD	15D 7 8	ALTIMORE C	ITY OR COU	JNTY OF DE	ATH	300
		Virginia		U.S. A.			DOWED .	DIVORC	0	. 1	0			
		TOWN OF DEAT		NAME OF HOSP	ITAL NURSIN		43		10	altimo:			D OF BUS	SINESS
				(IF NOT IN SUCH FAC	ILITY, GIVE STREET	ADDRESS		, , , , , , , , , , , , , , , , , , , ,	FOR MOST	OF WORKING LIFE			INDUSTR	
	unda]	L729 Ste	ngel Av	7e.			Retir	ed		Beth	n Ste	eel
	JAL RES STATE	IDENCE (IF IN NURS	ING HOME OR OT	HER INSTITUTION, GIVI	13c. CITY OR		Inad INSID	E CITY LIMITS?	13e STREET	ADDRESS				
	arv		Baltin	nore	Dunda		YES [_		Stenge	Δ17.0	21222		
_	FATHER	'S NAME					15 MOT	HER'S MAIDE			AAN			
	FI	RST		DDLE	LAST COLLEGE					MIDDLE		LA		
	usse	ECEASED EVER IN	Peytor		Cutli	SECURITY NO		rla		ADD	Rut	herfor	cd	_
100.	(YES, NO,	OR UNKNOWN)	IF YES, GIVE WAR	OR DATES)	100. SOCIAL	SECURITI NO		TOTAL ST		AUL	/KE33			
N	0				235-36	3-3661	Jam	es Ise	nhart	1604 CI	nesaco	Ave 2	21237	7
	1B. C	AUSE OF DEATH	(Enter only or	ne cause per line f			0.0	1	1:				ROXMATE I	
	,	PART I DEATH WA	S CAUSED BY IMMEDIATE C	8 / 1	arte w	yoca	ideal v	marc	reen					
		,	IMMEDIATEC		AS A CONSEC	WENCE OF		4	192					
	10	Conditions, if an	y, which	1										
		gave rise to in		(b)										
		cause (a) stating the lying cause last.	he under-	DUE TO, OR	AS A CONSEQ	UENCE OF								
				(c)										
	PART	2 DTNER SIGNIFICANT (CONDITIONS CONT	RIBUTING TO DEATH B	UT NOT RELATED T	D THE TERMINAL	DISEASE DR CONDI	TIDN GIVEN IN PA	ART 1 (a).					
Z														
F	19a.	DATE OF OPERAT	ION	19b. CONDITI	ON FOR WHI	CH OPERATION	ON WAS PERFO	ORMED?				20. AU	JTOPSY?	
CERTIFICATION												N.F		NO D
E	210	EXTERNAL CAUSE	WAS	21b. TIME OF	INTIDV		Ic HOW INJU	DV OCCUPER	CD . EASTED 41471	IDE OF INTUINA INTO	TELL 10 DART 1 OF		ES [NO DI
		ERLYING DOF			MONTH DA		IL NOW INJU	KT OCCURRE	ED (ENIER NATI	INE OF INJURY IN IT	EM ISPARII OF	KTARLZ)		
A	CON	TRIBUTING CA	AUSE OF DEA			19								
MEDICAL	21d.	INJURY OCCURRE	D		F INJURY (A'	THOME. 2	II. LOCATION STREET			TY OR TOWN		COUNTY		STATE
×	WH	NOT W	AHILE	SIREEI, PACIO	PRI, FARM, ETC.)		SIREEI		CI	IT OR TOWN		COUNTY		STAIL
	~	AT WO	W.V.						1					
	2	2a. I certify that I to	aak charge af	the remains desc	ribed abave, h	neld an	Autopsy	Inspectio	in Co.	Inquiry W.	and in my	opinian .		
	ded	oth resulted fram:	Natural c	auses	Accident	, Suicide	L. Hai	micide	Undeterm	ined manner	<u></u>	2	/	
		-	1		11-		TIME	SPECIFY				4	22	1-
	ACT	UAL .	(10)	den (JAPA	non	MD	bornty	MEDICA	LEXAMINER	DA	TE /	- /	87
1	3101	ANI OKE			1.	1		1.1	MEDICA	LLAMINEK	SIG	חופט		100
		MINER'S NAME	J.CRC	OSS AN	ONON	IDVAN		2117	2 Dar	DALK	A15 6	31-15	21	222
=		E OR PRINT)					ADDRESS		1002 1000					
730	(SPECIFY	CREMATION, RE	MOVAL Z36.	DATE			RY OR CREMA		23d. LOCA CITY OR T	OWN		COUNTY	STA	ATE
	uri		2-	-26-87	Gard	dens o	Faith			timore		yland		
24	FUNER	AL DIRECTOR		ADDRESS.				25a. DATE	REC'D. BY RE		REGISTRAR'	SSIGNATU	RE	
D		-Ruck Ti	nc. 79		Ave Ra	to Ma	21222	à	EB25	1097	Julia 1	andion !	D. 1	100



45816	1	-13-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7		3 /	7 1
			CEASED NAME	FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR 2	b. HOUR
be oge 3				Rose	Lo	uise		JUNG		1 2	5 87	12 PM
OE OD		3. SE	X	-	RACE	-	S. DATE C	F BIRTH	6 AGE IN YEARS LAST BIR			FUNDER 24 HRS
ector, ector, urs offi		1	Female		Wi	hete	MONTH	24 04	82	YRS		YOURS MIN.
4 50	86		RTHPLACE (STATE OR F	OREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
0 6	1	4	narylan	al l	USA		WIDOWE		Baltimore	County	100	MD.
with ter d	277	10. C	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		1.26. KIND OF I	BUSINESS OR
rs of by filled	CHU		Randallstov		Old C	out ku	rren	& Home	Homemaker			
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file	131	13a. S	AL RESIDENCE IF NURS	136 COUNT		I GIVE RESIDENCE BEFORE 131. CITY OR TOW Woodlawi	N	13d INSIDE CITY LIMITS?	136.STREET ADDRESS . 1202 Stamf		nad 217	0.7
hin hin sho	e e		THER'S NAME	Dare	THOLC	Woodiawi	1	15 MOTHER'S MAIDEN NA		LOLU NO	du, 212	.07
ARY with plete nd 2	19 3	7	FIRST	M	IDDLE	T7: COM		FIRST	MIDDLE		LAST	
	100	14 - 1	LOUIS VAS DECEASED EVER	10.1.1.40.4.	ED FORCECO	Vicar:		Adelaid 17 INFORMANT	ADDRE	2.2.2	Pifar	11.
BALTIMORE, tote be execu- ysicion and co	medico	1	ES, NO OR UNKNOWN)		WAR OR DATES						7 7	
be be	e /	1	NO			220-46-0	332	Roberta L. S	altn, 1202	Stameo.		TE INTERVAL SET AND DEATH
201 W. PRESTON ST.	ol, cremotion, or rem r other troumotic eve		Conditions, if any, gove rise to imm couse 101, statin underlying couse	which nediate g the	(b)_	DR AS A CONSEQUE DR AS A CONSEQUE			ank a		3 0	40.
	burial ry, or		PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	1.41
The The	한	O										
IVISION OF VITAL RECORDS, IG PHYSICIAN. The low requir offending physicion. fer this certificate has been sign she buriol-tronsit permit. Then	ows any	CERTIFICATION	196 DATE OF OPERAT	NOI	196 COND	PITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES O	
F VIT. TAN: T physical	ol Hygina 18 sh		21a. ACCIDENT WAS UND		216 TIME O	OF INJURY ,M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	155
NSIC SKC	Her	CA	116 EITHER NOTIFY MEDIC		_	.M.	19	211 LOCATION				
PH) rend rend respective	ed or	MEDICAL	WHILE TO NOT WH			OF INJURY REET FACTORY, OFFICE F	ARM ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
Afre of sold	leh o nork		AT WORK AT WO	SK			7 - 7	-	2 7-2			
TEND pitol o TOR:	of Heo 21 is rr		220.1 certify that (1)	d alive on_	>-22	19	87 or	d that (my) (our opinion	death accurred on the de	ate and hour	and from the co	we) lost uses stated
PR A Phos	tem tem	1	224 SIGNATURE	ing (did fidi)	view me oddy	oner deam.		DEGREE	^		22c. DATE SI	
AL C the	T: If		Jes					ATTENDING PHYSICIAN A	MEDICAL STAIL		2-2	5-87
SPIT 1 by VER	ANT ANT		22d. PHYSICIAN'S NA					220 ADDRESS	Α.		h 0-	
torned O FUN	APORTANT		Po	BUS	cm &	W	8.	5 400	old ca	the	00	
T e T	5 5	23a F	URIAL CREMATION	DE MACY AL	22h DATE	23c N	LAME OF C	EASETERY OR CREAMATORY	1234 LOCATION			

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 236 DATE 2/28/87 Burial

231 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery 23d LOCATION
Baltimore

COUNTY

Mary Tand

Hubbard Funeral Home, Inc., 4107 Wilkens Ave. 24 FUNERAL DIRECTOR

+ E82 7 1987 Johnson Species

STATE OF MARYLAND

MEDICAL EXAMINER'S CERTIFICATE

	FOR STATE REGISTRAR		MED	DICAL EXAMIN	IER'S CE	RTIFICATE	OF DE	ATH ,	REG. NO.		
	EGEASED NAM	Amanda	М	MIDDLE	Jus	tis		20 DATE KNO OF ES DEATH MA	11-	2 26	YEAR
3. SE	emale	4. RACE White	5. DATE OF BIRTH DAY 11 24				DER 24 HRS.	2c. DATE PRONOUNCED DEAD	, 1	D 28	YEAR
FC	BIRTHPLACE (S OREIGN COUNTRY) Virgin	ia	United S	tates	WIDOWED		DRCED 🗆		imore	County	
Ra	andalls	town	Baltimor	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Ce County G	eneral		FOR	UAL OCCUPATE MOST OF WORKING OMEMAKE:	LIFE)		INDUST
13a S	state Marylan	d 13b COUN Balt	or other institution give ty imore	RESIDENCE BEFORE ADMISS 134. CITY OR TOWN Rockdale	130	d. Inside city limits	37 13e, STR	09 Wash	ingtor	2 n Avenu	1207 e
14. F.	FATHER'S NAMI Edward		MIDDLE H.	Gordon		Anna		MIDDLE		Ledb	
	WAS DECEASE YES, NO, OR UNKNO NO	D EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	218-14-09				ther CM on Ave.			212 MD.
7	gave ri cause (a	ins II any, which ise to immediate i) stating the under-	(b)	AS A CONSEQUENCE							
7	gave ri cause (a lying cou	any, which ise to immediate stating the under- use last.	(b) DUE TO, OR A		OF	R CONDITION GIVEN I	N PART 1 :o:				
TIFICATION	gave ri cause (a lying cou	Ins. If any, which ise to immediate () stating the under-use last. IGNIFICANT CONDITIONS FOPERATION	DUE TO, OR A (b) DUE TO, OR A (c) CONTRIRUTING TO DEATH 0	as a consequence	OF Minal disease di		N PART 1 (c)				UTOPSY
ICAL CERTIFICATION	pave ricavse (a lying couse) PART 2 OTHER SI	Ins. II any, which ise to immediate in state of the under-use last. IGNIFICANT CONDITIONS FOPERATION AL CAUSE WAS G OR ING CAUSE OF I	CONTRIBUTING TO GEATH B 21b. TIME OF HOUR A.M. DEATH	AS A CONSEQUENCE BUT NOT RELATED TO THE TEN TON FOR WHICH OPEI TON TON TON TON TON TON TON TON	MINAL DISEASE DI	PERFORMED?		NATURE OF INJURY IF	NITEM 18 PART	YI	
MEDICAL CERTIFICATION	pave ricavse (a lying couse) PART 2 OTHER SI	I any, which ise to immediate by stating the under-use last. IGNIFICANT CONDITIONS FOPERATION AL CAUSE WAS G OR INCOCCURRED	(b) DUE TO, OR / (b) DUE TO, OR / (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	AS A CONSEQUENCE BUT NOT RELATED TO THE TEN TON FOR WHICH OPEI TON TON TON TON TON TON TON TON	MINAL DISEASE DIE	PERFORMED? VINJURY OCCU Fell TION		NATURE OF INJURY IN	N ITEM 18 PART	YI	
	PART 2 OTHER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY 6 WHILE AT WORK	I any, which ise to immediate in state of the under- use last. IGNIFICANT CONDITIONS FOPERATION AL CAUSE WAS GORING CAUSE OF TO OCCURRED NOT WHILE AT WORK Ily that I took charge	(b) DUE TO, OR / (c) (c) (CONTRIBUTING TO DEATH PAGE OF HOUR A.M. 21b. TIME OF HOUR A.M. 21c. PLACE O STREET, FACTS	AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ICH FOR WHICH OPEI INJURY MONTH DAY YEA A 13 19 8 OF INJURY (AT HOME, OPY, FARM, ETC.) Cribed obove, held an	MINAL DISEASE OF	PERFORMED? VINJURY OCCU Fell TION	SHINE ction A. Under) (ond in	Y(
MEDICAL	PART 2 OTHER SI 19a DATE OF 21a EXTERNI UNDERLYING CONTRIBUTI 21d INJURY of WHILE AT WORK 22a I certi deoth result SONATURE EXAMINER'S (TYPE OR PRI	I any, which ise to immediate in standard to immediate in standard to standard	CONTRIBUTING TO GEATH B 21b. TIME OF HOUR A.M. DEATH 21e PLACE O STREET, FACTS 21c of the remains description of the courses	AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ICH FOR WHICH OPEI INJURY MONTH DAY YEA A 13 19 8 OF INJURY (AT HOME, OPY, FARM, ETC.) Cribed obove, held an	RATION WAS RATION WAS R 211 LOCA STRE 37 Autopsy uicide	TITLE (SPECIFY	SHING ction S. Under	Inquiry termined manner) (ond in	OR PART 2)	

DHMH - 17 (VR A15 ME (5)) 20M 4/82

TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR



injury, or other troumotic

should be detoched for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detoched for use as the burial-transit permit. Then please rem

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the hospitol or

BP.

IMPORTANT: If them 21 is marked or them 18 shows any

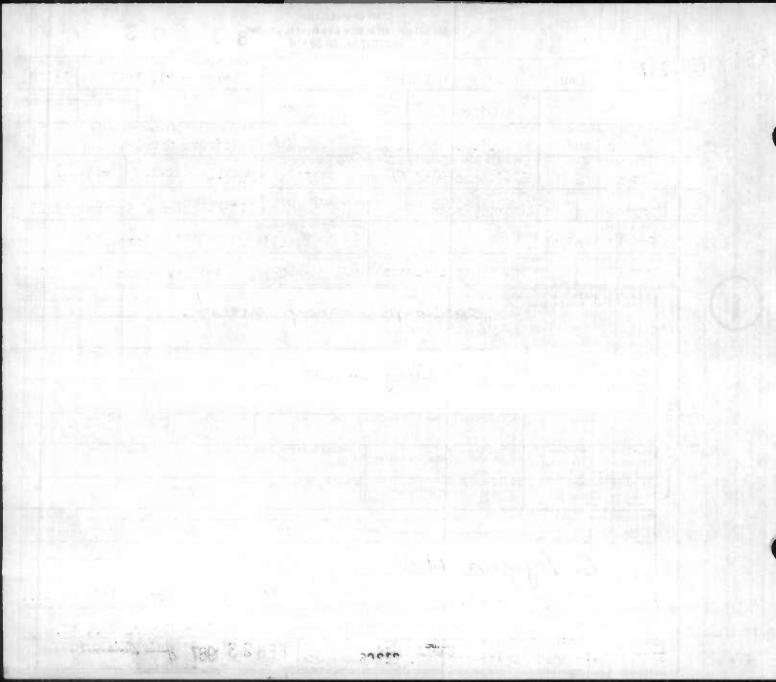
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3/13

REGISTRAR		CONTINUENTE OF PERTIN	REG. NO.	The real control of the second second
I. DECEASED NAME FIRST	WIDDLE	LAST	10,011,201	ONTH DAY YEAR 26 HOUR
Paul	KA	RDASH	February 2	
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR 1F UNDER 24 H
Male	White	Jan 30, 1927	60	YRS.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore (County,
ESSEX	11. NAME OF HOSPITAL, NURSII 1732 Beechwood	TAPPRESS) AVenue 21221	Owner-Opera	
JSUAL RESIDENCE (IF NURSING HOME 130 STATE Maryland Bi	OROTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY a ltimore Essex	RE ADMISSION) NM 13d. INSIDE CITY LIMITS? YES \(\text{NO } \tex	13 STREET ADDRESS heech	wood Avenue 2122
Frank Kardas	AIDDLE LAST	15. MOTHER'S MAIDEN N	lia MIDDLE Pr	rochorowaka
60 WAS DECEASED EVER IN U.S.	CHIE 11110 CO C. 15511		ADDRES	
(YES, NOOR UNKNOWN) (IF YES.	WW 2 DATES) 214-24-	9352 Mrs Edna Ka	irdash 1212 Ev	vergreen Lane 212
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN 190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO	ung cances	RMINAL DISEASE OR CONDI	TION GIVEN IN PART 110. 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{VES} \)
718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM) 214. INJURY OCCURRED AT WORK AT WORK AT WORK	DEATH HOUR A.M. MONTH D	DAY YEAR 19 211. LOCATION	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
sow the deceased alive	spital) attended the deceased from on 19 19		, to, to, no, no	, 19 that (I) (we) e and hour and from the couses stated
274 PHYSICIAN'S NAME (IV	tygun M-	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	02/23/87
ME PHISICIAN S NAME (TY	E O (JINK)	ILE ADDRESS		
	ygun, M. D.			ive Baltimore Co
30 BURIAL, CREMATION, REMOV (SPECIFY) Burial	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	23d LOCATION	ive Baltimore Co

DHMH - 16 50M 4/82 (VRA 15, 4)



STATE OF MARYLAND

3

-4	87	FOR - STATE REGISTRAR		DEPAR	RTMENT OF H	EALTH AND MENTAL HYG	IENES /	0 3 /	7 4
		CEASED NAME FIRST	4	MIDDLE	1.	Ney	20 DATE OF DEATH MO	- 25-8	7 145
	-	EMAle		341	S. DATE C		6. AGE TIN YEARS LAST BIRTHE	YRS MONTHS DAY	YS HOURS MIN
59	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) VEW YORK	V	WHAT COUNTR	MARRIE			7-Balto	. Co. A
0	-	TOWN OF DEATH AL RESIDENCE (IF NURSING HOME O	MANO	CANC	Rux	ton	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	WORKING LIFE! INDUSTR	o OF BUSINESS C RY De settir
5	130.	Md. Balt	NTY	13t. CITY OR TO		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / Z 7001 N. Ch		21204
30		ATHER'S NAME FIRST HENRY	WIDDIE		Sa	15 MOTHER'S MAIDEN NA	WIDDLE	DE	Whan
	1	WAS DECEASED EVER PUS. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	212-36		Mr. Norman	120 ADDRESS Kennev	S Margate R Luthervill	
and the state of t	NOIL	cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	(c)CONDITIONS_C		O DEATH BUT				
7	CERTIFICATION	190 DATE OF OPERATION			CH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO _
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY I	NITEM 18 PART I OR PART 2	?)
	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFIC	CE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a. I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did no 22b. SIGNATURE	2/3	23 19	87,01	, 19	deoth occurred on the dote	e and hour and fram t	the couses stated
,		22d PHYSICIAN'S NAME LIVE	M	1,50°	S	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	_ 7	12/1
1		19 KZ Ci-	n Y	· PAT	reici	0 -			
		BURIAL, CREMATION, REMOVA (SPECIFY) Removal	236. DATE 2-25		Sc. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
/84		UNERAL DIRECTOR NAME NAME RECTOR	bena	ADDRES	Balto	Md.	R 0 3 1987	Lula Dioida	ATURE

ADDRESS Balto. Md.

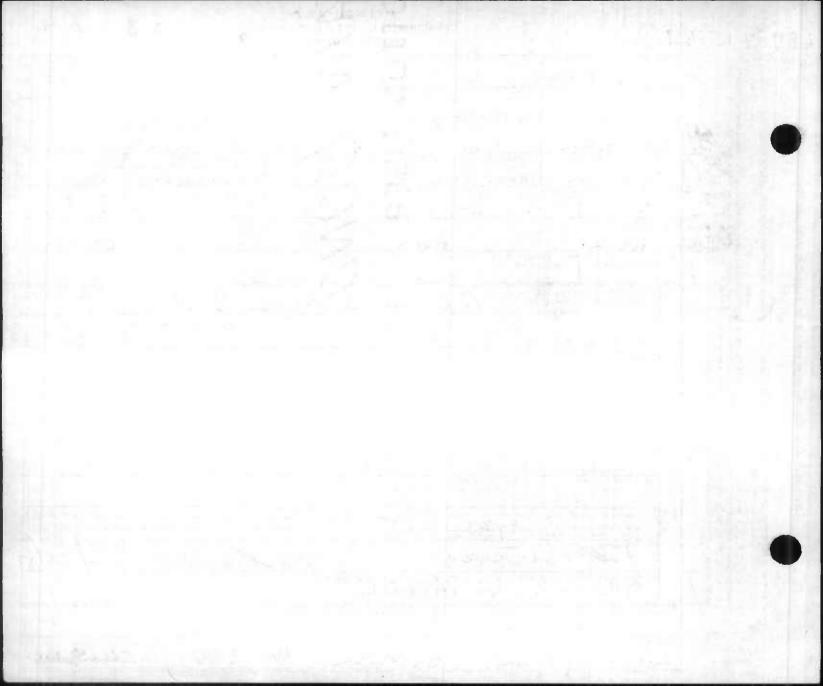
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this sentificate has been signed by the shoot be detached for use as the buriofstransk permit. Then please in the State Dept. of Health and Mental Hygens prior to buriol, cree.

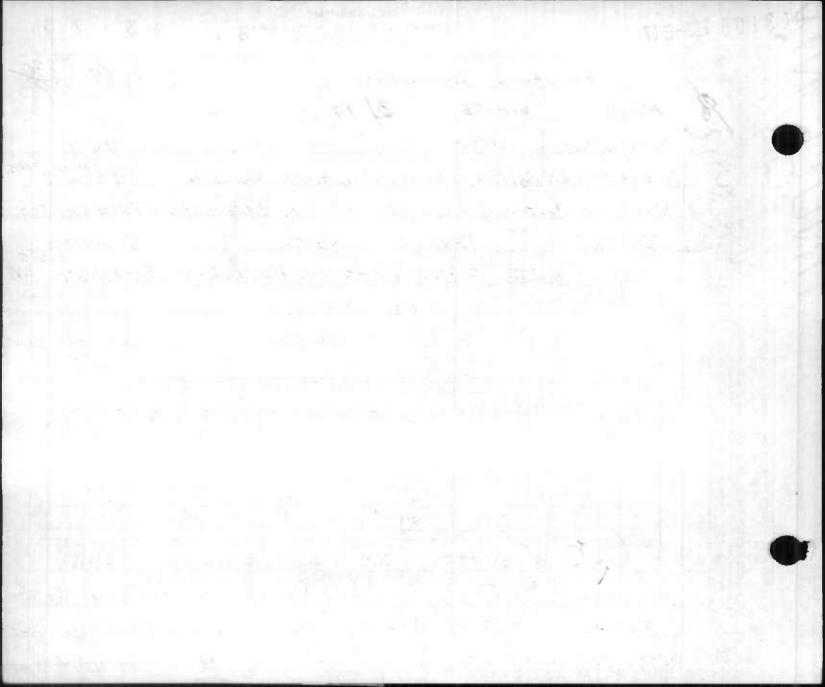
MATOMY BORAD

ATTENDING PHYSICIAN, The

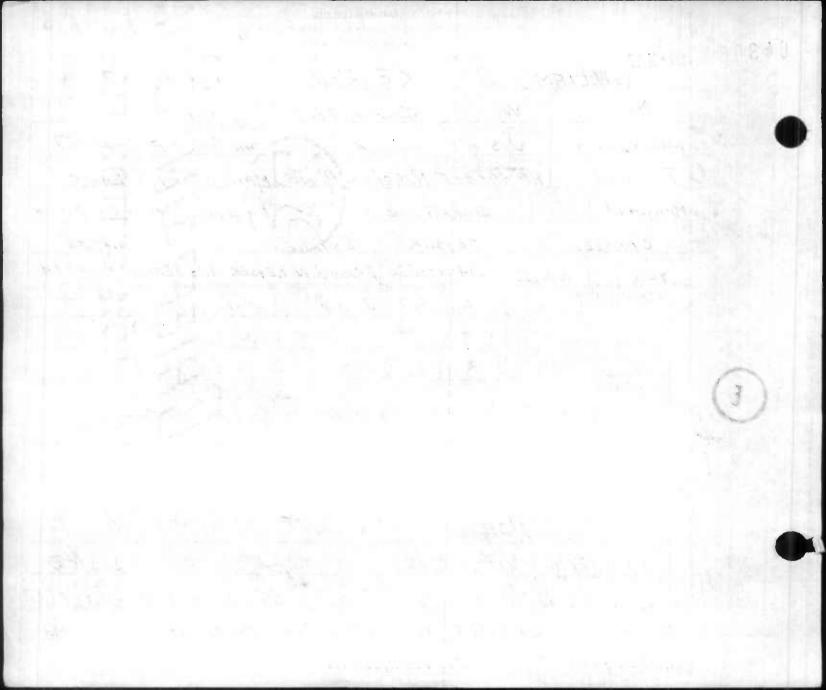
TO HOSPITAL



F 1			STATE OF MARYLAND		2 2 2
5 FEB -5	STATE REGISTRAR	DEPARTM	TENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	03//5
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
/		AMIN Bernan	KESSLER	2.	1-87 Ggm
3. SE	MAIE	WHITE	S. DATE OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUR
70 B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	24 19/10	9 BALTIMORE CITY OR CO	UNTY OF DEATH
35 1	JARYLAND	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	7	E COUNTY MD.
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
0 1/	ANDALLSTOWN		ITYGEN'L. HOSPITAL	MAIL CLERK	U.S.GOVT
	STATE 13b. COU		134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP	
影 A ILE	ATHER'S NAME	MIDDLE / LAST	15. MOTHER'S MAIDEN NA.		LAST CAST
DU	ISADORE	KESSLE	R YETTA		SCHUMAN
medie	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECU WE WAR OR DATES) 212-03	4	ESSLER-3313	PARKINGTON AVE
t, the	18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b), and	Lich1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE 10) MYO CAPE	NAL INFARATION		Unknew
troumotic	C. 19. 4	DUE TO, OR AS A CONSEQUE	41 - 11		aum
	Canditians, if any, which gave rise to immediate cause (a), stating the		Brown spesi		1000
	underlying cause last.	DUE TO, OR AS A CONSEQUE			(Honic
NO O	PART 2 OTHER SIGNIFICANT		EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART I I a
CATIC ONLY	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
CERTIFICATION	NA	N		YES NO	YES NO NO
The state of the s	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		Y YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19 NA		
ME	WHILE NOT WHILE AT WORK		ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
		ital) attended the deceased fram	21 19 11		that (II (we) last
	say the deceased alive ar	at) view the bady after death.	and that in (my) (aur) apinian	death accurred on the date on	nd have and from the causes stated
	226. SHOWATURE	15000	DEGREE	LUEDICAL STAFF	221. DATE SIGNED
4	heros	4. Deristano		MEDICAL STAFF DIRECTOR PHYSICIAN	12/2/87
	RICHARD H	Schlottman	6000 Park	HT AVE. F	BALTIMOR, MD 21215
23e	BURIAL, CREMATION, REMOVAL	23b. DATE, 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	of Charles
-	BURIAL	2/3/87 W	DRKMEN CIRCLE	DUNDALK	BALTIMOBE MD.
7/84 HE	UNERAL DIRECTOR	LF.H.INC = 1100 ME		TE REC'D. BY REGISTRAR 256 R	1 P. L A .
172	OKEN MEMORIA	- L.H.THC = 1100 WE	ISLERSTOWN KD +	4 1087	ulia Deviden Radall



	1-	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 7 0	3176
143061		EASED NAME WILLIAM	MIDDLE B	CERTIFICATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH FB 2,	DAY YEAR 26 HOUR 1987
on a month of	1 50	M	4. RACE	S. DATE OF IRTH JUNE 6, 1917	6 AGE (IN YEARS LAST BIRTHDAY) 69 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death in the state of the state	M	ARYLAND	76 CITIZEN OF WHAT COUNTS U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	BALTIMORE CITY OR COUNT BALTIMORE	Y OF DEATH COUNTY MD. 126 KIND OF BUSINESS OR
4 900	USO	TOWSON	ARMACOST OTHER INSTITUTION GIVE RESIDENCE BE	NURSING HOME	MAIL CIERK	BANK BANK
11	MI	THER'S NAME	MIDDLE LAST			RES Rd. 21084
out completed of the co		/AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	ER ESTETIE	ADDRESS	SCATES RON ACRES Rd
g physician on papers. P. removal event, Norm	7	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly ane cause per line far (a). (b).		mosty seglie	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
the death or the attendar emotion, or er traumots		Canditians, if any, which gave rise to immediate cause (a), stating the	I worke like	DUENCE OF 3	Den typoti	
Stand Stand	z	PART 2 OTHER SIGNIFICANT	1 & MA	O DEATH BUT NOT RELATED TO THE TO	Enisaples	auco
To the second	THICATION	NA DATE OF OPERATION	THE CONDITION OF THE PARTY OF	CHOIDERATION VAS DERICHMED ? 7	YES NO THE PROPERTY OF THE PRO	FYING CAUSES OF DEATHY
SECIAN TO Physics certificate conflicate windstrans flying the 18 sh	HCAL CERT	514 INJURY OCCURRED 16 THINK HOLES WIDGE EXWINE 16 THINK HOLES WIDGE EXWINE 17 INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	RED TANNER HATUNE OF HALLEY PATIENT IS:	PART I DE PART ()
or other his court he builth and h	MEDIC	while the state of	21e PLACE OF SUJURY (AFROME CHEET) FACTORS (SHE eath schooled) the decadaged from	TILLIAM, ETC.) 211 LOCATION STREET	CITE OF TOWN	, 19 , that (I) (ye) last
OF STIEN OR ECTOR Ched to		sow the deceased alive ag obget allowed (did) (dig to 72h. SIGNATURE)	1/29/11	DEGREE ATTENDING	death occurred at the date and har	
HOSPITAL med by th FUNERAL fid be dete the State ORTANT.		THE PHYSICIANS NAME (NOTES	PRINTING AND	22e ADDRESS	OTRECTOR PHYSICIAN	2/2/1
0 1 2 4 1 W	1	URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 2.5.1987	ANAME OF CEMETERY OR CREMATORY M.T. OLIVE T CEM	23d LOCATION CITY OR TOWN FREDERICK	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR PARTLEY MILLE		7 HARFORD Rd 250 DA	TE REC'D. BY REGISTRAR 256, REGIS	



ATTENDING PHYSICIAN: The

	STATE	OF M	ARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()

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0	3	-1		
	-			

	CEASED NAME	FIRST	N	AIDDLE	1000	LAST	20 DATE OF D			DAY YEAR	2
LIVE	E OR PRINT)	HELEN		ANN		KING		0	2 1	2 '87	
3. SE	X		4. RACE			OF BIRTH	6 AGE (IN YEAR	S LAST BIRTHD	DAY)	MONTHS DAY	
1	FEMALE		White	е	July	y 19, 1935	51		YRS	MONTHS DAY	
	IRTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	MARRIE	ED MEVER MARRIED	BALTIMORE	_			n
	Chigan	ATH	U.S.A		WIDOW	OR OTHER INSTITUTION	120 USUAL OC			126. KIND	OF
	TOWSON		GBMC=9	5701, ON STREET	HARLE	ES ST.	Nurse S	OR MOST OF W	WORKING LI	IFE) INDUSTR	
	AL RESIDENCE (IF NU	136 COUN		GIVE RESIDENCE BEFOR		\$13d. INSIDE CITY LIMITS?	13e.STREET AD	DRESS / Z	ZIP COD	ÞΕ	
Ma	aryland	Balti	more	Towson		YES NO 🔀				ce Rd.	-
14 FA	ATHER'S NAME FIRST	^	AIDDLE	LAST		15 MOTHER'S MAIDEN NA		WIDDIE			AST
Jo	seph		J	ankowvic	h	Helen				Jusali	tı
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS	S		
No		(# 163, 0146	THAN ON DATES)	372-32-	6130	Lt.Com.Juliar	B. Kin	g - S	Same	as #13	3e
	18 CAUSE OF DEA	TH (Enter onl	y one couse per							APPRO	
	PARTI. DEATH		E CAUSE (0)	CARDIO	PULMON	NARY FAILURE					
	Conditions, if on gove rise to in couse (a), stat underlying caus	nmediate ing the	(b)	R AS A CONSEQU		CINOMA				3 1	RS
NC	gove rise to in couse (a), stat underlying caus	nmediate ing the se lost	DUE TO, OF	r as a consequ	ENCE OF	T NOT RELATED TO THE TERM	IINAL DISEASE C	OR CONDIT	TION GI		
TIFICATION	gove rise to in couse (a), stat underlying caus	nmediate ing the se lost GNIFICANT C	DUE TO, OF	R AS A CONSEQU	ENCE OF		20a AUTOPS	SY?	206. IF YE IN CERTI		lia DINO
CERTIFICATION	gove rise to in couse (a), stol underlying couse. PART 2 OTHER SIGNATE OF OPER. 21a. ACCIDENT WAS U	mediate ing the se lost. GNIFICANT C	DUE TO, OF	R AS A CONSEQUENT ON TRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUTOPS	40 X	20b. IF YE IN CERTI YI	IVEN IN PART S, WERE FINE IFYING CAUSI ES	DIN(
	gove rise to in couse (a), stol underlying couse. PART 2 OTHER SIGNATE OF OPER 21a, ACCIDENT WAS U OR CONTRIBUTING	mediate ing the se lost SNIFICANT C ATION NDERLYING CAUSE OF DEA	DUE TO, OF (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT	T NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUTOPS	40 X	20b. IF YE IN CERTI YI	IVEN IN PART S, WERE FINE IFYING CAUSI ES	DINO ES C
	gove rise to in couse (a), stoly underlying couse. PART 2 OTHER SIGNATURE OF OPER 21a. ACCIDENT WAS USEN CONTRIBUTING SIFETIMER, NOTIFY ME 21d. INJURY OCCU	ATION DERIVING CAUSE OF DEA DICAL EXAMINER)	DUE TO, OR (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A.I. 21c PLACE (R AS A CONSEQUENT RIBUTING TO	DEATH BUT OPERATION AY YEAR 19	T NOT RELATED TO THE TERM ON WAS PERFORMED	200, AUTOPS YESN	40 X	206. IF YE IN CERTI YI IN ITEM 18	IVEN IN PART S, WERE FINE IFYING CAUSI ES	DIN(
MEDICAL CERTIFICATION	gove rise to in couse (a), stoly underlying couse. PART 2 OTHER SIGNATURE OF OPER 21a. ACCIDENT WAS USEN CONTRIBUTING SIFETIMER, NOTIFY ME 21d. INJURY OCCU	INTEGRATED TO STATE OF THE STAT	DUE TO, OR (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A.I. 21c PLACE (R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT H OPERATIO AY YEAR 19 FARM, ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	200 AUTOPS YES NEED (ENTER NATUR	SY? RE OF INJURY I	206. IF YE IN CERTI YI IN ITEM 18	VEN IN PART S, WERE FINE IFYING CAUSI ES PART I OR PART 2	DINO ES C
	PART 2 OTHER SIGNATURE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING [IFETHER, NOTIFY ME 21d. INJURY OCCU	ATION NDERLYING CALE EXAMINER; RRED WHILE ORK	DUE TO, OF (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./ HOUR A./ 21e PLACE (AT HOME STR	R AS A CONSEQUENT RIBUTING TO	DEATH BUT OPERATION AY YEAR 19 FARM. ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPS YES NEED (ENTER NATUR	SY?	206. IF YE IN CERTI YI IN ITEM 18	VEN IN PART ES, WERE FINE IFYING CAUSI FART LOR PART 2	DING ES C
	gove rise to in couse (a), underlying couse (b), underlying couse. PART 2 OTHER SIGNATURE OF OPER 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING COUNTY AND COUNTY OF	ATION DERIVING CAUSE OF DEA DICAL EXAMINER) RRED WHILE ORK	DUE TO, OR (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./ 21e PLACE ((AT HOME STR	ONTRIBUTING TO	DEATH BUT OPERATION AY YEAR 19 FARM.ETC 1	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	200 AUTOPS YES N RED (ENTER NATUR	RE OF INJURY I	20b. IF YE IN CERTI YI IN ITEM 18	VEN IN PART ES, WERE FINE IFYING CAUSI ES PART I OR PART 2 COUNTY	DINCES O
	gove rise to in couse (a), stol underlying couse (b), stol underlying couse (c), stol underlying couse (c), stol underlying couse (c), and court was underlying couse (c), and court was underlying couse (c), and c), and couse (c), and c),	ATION DERIVING CAUSE OF DEA DICAL EXAMINER) RRED WHILE ORK	DUE TO, OR (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./ 21e PLACE ((AT HOME STR	R AS A CONSEQUENT RIBUTING TO	DEATH BUT OPERATION AY YEAR 19 FARM.ETC 1	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 2/07 19 87 ond that in (my) (our) apinion DEGREE	200 AUTOPS YES NEED (ENIER NATUR C . to 0 deoth occurred c	RE OF INJURY I	20b. IF YE IN CERTI YI IN ITEM 18	VEN IN PART ES, WERE FINE IFYING CAUSI ES PART I OR PART 2 COUNTY 19 722. DA	DINCES C
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os the burs th and Men arked ar He	MEDICAL	21d INJURY OCCURR	RED	21e. PLACE			211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
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STATE OF MARYLAND

